



Bakersfield College Disabled Student Programs & Services Alternate Media Request



Date _____

Last Name _____ First Name _____ BC ID _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail _____

Class _____ Title _____
 Semester _____ Edition _____
 Instructor _____ Author _____
 Publisher _____

ISBN _____ Year Published _____
 Computer Used PC _____ MAC _____
 Software Used to _____ Date Required _____
 Access E-Text _____
 (i.e. Kurzweil, JAWS, TextHelp)

***You must have signed agreement on file.
 *Attach copy of your receipt(s) for requested book.**

For Alternate Media Staff Use ONLY

Request # _____ Date Received _____
 (Date and sequence #, ie: first request on 12/01/03 would be 20031201001) (Date material received from outside source)

Accommodation Verified By _____ Format Received _____
 (DSPS faculty member who authorized accommodation) (Format of material received)

Initial Action* _____ Expected Completion Date _____
 (AMX, ATPC, publisher order, scanned by BC)
 *Any additional actions taken must be documented below

Date Ordered/Begun _____ Policies/Procedures on file _____ (Staff initials)
 (Date ordered from publisher/ATPC or scanning begun at BC) Text Purchased? _____ (Staff initials)

Expected Receipt Date _____ Date Delivered _____

Additional Actions/Notes/Comments