

**Alternate Text Request Form
Disability Services
D'Youville College**

Date _____

Name _____

ID # _____

Email Address _____

Contact Phone Number _____

Course _____

Section _____

Instructor _____

Semester text will be used :

(circle one) **Fall Spring Summer** **Year** _____

Textbook Title _____

Author (s) _____

Year _____

Edition _____

ISBN# _____