I understand that prior to receiving services, I must meet with my Disability Service Coordinator and complete an accommodation plan/VISA, indicating that I am eligible for Alternative Media services.

I understand that I need to re-request academic support services every semester.

It is my responsibility to accurately and thoroughly complete a E-Alt Media Text Conversion Request for each textbook/material(s) that I would like to obtain in an alternative format.

It is my responsibility to request textbooks in alternative formats 4-6 weeks prior to the start of the semester. I know every effort will be made to fill my requests, but there is no guarantee that this is always possible particular for textbook currently unavailable on CD/Mp3, new editions/publications or late requests. It may take up to 3 weeks to get part or all of my text.

I understand that I will receive my texts in an accessible format, although it might not always be in the preferred format.

I understand materials converted for me are for my exclusive use and I may not reproduce them. Sharing these is an infringement of copyright law.

I am responsible for providing purchased [Non-Rental] textbooks and receipt (or photocopy) for the purchase. CSD will not begin work on my request without proof of purchase (receipt).

I understand the importance of informing my Disability Service Coordinator of any changes in course study that would impact my services. If I drop a class or no longer require a text in an alternative format, I will notify Alternative Media immediately.

I understand that loaned and barrowed materials (Enlargements, Braille, etc.) must be returned at the conclusion of the academic semester. If the documents or devices are not returned the cost of the materials will be placed on your student account.

If I have any questions, comments or concerns about Alternative Media services I will contact Alternative Media, by email at altmedcsd@uww.edu

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Name (print) __________________________________________________________________________ 
Signature ______________________________________________________________________________
Date __________________________________________________________________________________

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