Access & Disability Services

WCC Bookstore

Request for Texts in Alternate Format

Student Name: _____ Qtr/Year: _____

Student ID: _____

Student Email or Phone: _____

Text Format: Digital ____ Enlarged ____ Other (please specify)_____

PLEASE FILL OUT THIS SECTION AS COMPLETELY AS POSSIBLE.

(Book information may be obtained from the Whatcom Community College Bookstore or online at http://www.whatcom.ctc.edu/student-services/campus-resources/bookstore/.)

Class: _____

Book Title: _____

ISBN: _____

Publisher: _____

Edition: _____

Author: _____

Date of Textbook Purchase: _____

Purchase Price Paid: $_____

NOTE: Even though you are requesting texts in an alternate format, you must purchase the book before the publisher will issue alternative texts.

_____ _____

Student Signature **Date**

_____ _____

Staff Signature **Date**