

Alternate Format Text Agreement & Request



Student Information

Name: _____ Student ID: _____ Semester: _____

I must provide proof of purchase to request an alternate format text. Alternate format text will be used solely for the eligible student’s own educational purposes and must not be copied or duplicated for others. I understand that copyright laws apply to the alternate format text provided to me and that violation of the terms of this usage agreement is subject to Mott Community College’s Student Code of Conduct. I have read, understand, and agree to the above requirements. I am aware that failure to comply with the above conditions may result in delays in receiving materials and/or disciplinary action.

Student Signature

Date

Staff Received

Date

Textbook Information

Title	Author	Publisher	Ed.	ISBN	Staff		
					Requested:	Rcvd:	Student Rcvd:
					Requested:	Rcvd:	Student Rcvd:
					Requested:	Rcvd:	Student Rcvd:
					Requested:	Rcvd:	Student Rcvd:
					Requested:	Rcvd:	Student Rcvd:
					Requested:	Rcvd:	Student Rcvd:
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