Alternate Text Request Form
Disability Services
D'Youville College

*Date*_____

Name_____

ID #_____

Email Address_____

Contact Phone Number_____

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Course_____   **Section**_____

Instructor_____

Semester text will be used :

(circle one) Fall Spring Summer   Year_____

Textbook Title_____

Author (s)_____

Year_____   **Edition**_____

ISBN# _____