SHSU Services for Students with Disabilities (SSD)

ACCESSIBLE FORMAT TEXT REQUEST FORM

Student Name:_____ ID #:_____ Semester: _____

Phone #:_____ Email address:_____

Requested Format(s): ☐ .pdf ☐ Word Other: _____

Proof of p urchase or rental will be required in order to receive Accessible Format Books.
Use of Accessible Texts must be approved by the students Accommodation Counselor .

1) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

ISBN #: _____ (usually starts with 978 and is 13 digits long)

4) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

5) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

6) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

7) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

8) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

9) Title:_____

Author(s):_____ Edition: _____

ISBN #: _____ (usually starts with 978 and is 13 digits long)

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Author(s):_____ Edition: _____

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