



Alternate Media Services Request Form

Name: _____

*GAV ID: _____

**Providing your Social Security Number or Gav ID is strictly voluntary. The Privacy Act of 1974 (PL 93-574) and the information Practices Act of 1977 (Civil Code Sections 1798, et seq.) require that this notice be provided when collecting personal information from individuals. The Community College District and the State of California use information requested on this form for the sole purpose of determining whether a student is eligible to receive special services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be transferred to other entities for the purpose of determining appropriate alternate media specifications. However, disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.*

I hereby request the following alternate media services from the Disability Resource Center / Gavilan College:

- | | |
|--|--|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Tactile Graphics |
| <input type="checkbox"/> E-Text | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Audio Books / Daisy
(Circle your preference) | <input type="checkbox"/> Closed Captioned Videos |
| <input type="checkbox"/> MP3's - <i>Chapters Needed:</i> _____ | |
| <input type="checkbox"/> Other: _____ | |

By signing this application, I understand that it is my responsibility to complete an Alternate Media Request Form for each specific title. I also recognize that I have received a copy of the Alternate Media Procedures, and I will abide by the standards presented in that document.

Student Signature: _____ Date: _____

* DRC Signature: _____ Date: _____

**This application is approved as an appropriate accommodation for my disability only when signed by a Gavilan College DRC Associate Dean, Counselor, LD Specialist or Alternate Media Specialist.*

REQUEST FOR AUDIO BOOKS OR ELECTRONIC TEXT

I understand that any electronic text, which may be supplied to me, is solely for my own educational purposes. I will not copy or distribute any such electronic text in violation of the Copyright Revisions Act of 1976, as amended (17 U.S.C. Sec. 101 et seq.). I understand that failure to abide by this agreement may constitute a violation of the student code of conduct, and/or of the college policy regarding responsible use of DRC services. I have received and read a copy of the policy on responsible use of DRC services and I understand that a violation of that policy, including improper distribution of electronic text, may result in suspension of DRC services. My signature below verifies that I have purchased the standard instructional material and that I agree to the release of documentation verifying my disability if the publisher requires a copy.

Name _____ Date _____

Student's E-mail _____ Phone _____

Office Use Only:

Title # __:		Agency Contacted: ATPC RFBD GAVILAN AMX Other:	
Author:		Date Ordered placed:	
Publisher:		Chapters needed:	
Copyright:		Date media received:	
Edition:		E-text is formatted/unformatted:	
Date text purchased:		Date copy made:	
Course title & section:		Date student is informed:	
Instructor name:		Date of student pick up:	
ISBN:		Date of student E-text / RFBD return:	
Date of Request:		Request Completed: YES NO If No, Why?	

Office Use Only:

Title # __:		Agency Contacted: ATPC RFBD GAVILAN AMX Other:	
Author:		Date Ordered placed:	
Publisher:		Chapters needed:	
Copyright:		Date media received:	
Edition:		E-text is formatted/unformatted:	
Date text purchased:		Date copy made:	
Course title & section:		Date student is informed:	
Instructor name:		Date of student pick up:	
ISBN:		Date of student E-text / RFBD return:	
Date of Request:		Request Completed: YES NO If No, Why?	