



Disability Resources

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ALTERNATIVE FORMAT BOOK REQUEST

Name: _____

Date: _____

First

Middle

Last

Term of Request (circle): Fall Winter Spring Summer

Year: _____

Course Title: _____

Title:

Author:

ISBN:

Book 1: _____

Book 2: _____

Book 3: _____

Book 4: _____

Course Title: _____

Title:

Author:

ISBN:

Book 1: _____

Book 2: _____

Book 3: _____

Book 4: _____

Course Title: _____

Title:

Author:

ISBN:

Book 1: _____

Book 2: _____

Book 3: _____

Book 4: _____

Course Title: _____		
<u>Title:</u>	<u>Author:</u>	<u>ISBN:</u>
Book 1: _____	_____	_____
Book 2: _____	_____	_____
Book 3: _____	_____	_____
Book 4: _____	_____	_____

Course Title: _____		
<u>Title:</u>	<u>Author:</u>	<u>ISBN:</u>
Book 1: _____	_____	_____
Book 2: _____	_____	_____
Book 3: _____	_____	_____
Book 4: _____	_____	_____

Course Title: _____		
<u>Title:</u>	<u>Author:</u>	<u>ISBN:</u>
Book 1: _____	_____	_____
Book 2: _____	_____	_____
Book 3: _____	_____	_____
Book 4: _____	_____	_____

Course Title: _____		
<u>Title:</u>	<u>Author:</u>	<u>ISBN:</u>
Book 1: _____	_____	_____
Book 2: _____	_____	_____
Book 3: _____	_____	_____
Book 4: _____	_____	_____

Student Signature: _____	Date Received by DR: _____ (office use)
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