DISABILITY SERVICES
READING TECHNOLOGY REQUEST FORM

- Students must fill out a separate form for each book request.
- Request forms must be completely filled out or requests cannot be processed.
- Students must clearly write or print out request forms. Requests cannot be processed if information is not legible.

Today’s Date: ____________________  Semester/Year: ____________________

Student Information

Student Name: ____________________ DOB: ________ Year in School: ________________
Student Phone Number: ____________________
Student E mail address: ____________________ Meredith ID: ____________________

Course Information

Course Title & Section: ____________________
Course Instructor: ____________________

Text Information

Title: ____________________
Text Edition: ____________________ Publication /Copyright Year: ____________________
ISBN Number: ____________________ Author[s] of Text: ____________________
Publication Co: ____________________ Publication phone #: ____________________
Publication website: ____________________
Number of pages requested: ____________________

Text Format Preference

_____ Digital (e-text) for use with WYNN software  _____ RFBD (reading for the blind and dyslexic)

Student Signature: ____________________ Date: ____________________

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DS Office info: Date received: ____________________ Staff initials: ________________

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