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: ________________

******************************************************************************

DS Office info: Date received: ___________________________ Staff initials: ____________

Revised 8/10
DISABILITY SERVICES
3800 Hillsborough Street • Raleigh, North Carolina 27607-5298 • Telephone (919) 760-8427, Fax (919) 760-2383