

DSPS Support Services

Request for Taped Texts

Student Information

Date: _____

Student's Name: _____

Social Security #: _____ Student's Phone Number: _____

Textbook Information

Class: _____ Section Number: _____

Instructor's Name: _____ Syllabus: _____

Title: _____

Copyright year/Edition: _____

Publisher: _____ Author: _____

Office Use Only

SEC Authorization: _____

Date Requested: _____ RFB&D: _____ Reader Needed: _____

ISBN#: _____ Number of Tapes Needed: _____

Shelf Number: _____ Student Delivered Blank Tapes: YES NO

Date Ordered RFB&D: _____ Reader: _____

Copied By: _____ Date: _____

Date Student Notified: _____

Date Student Picked Up Tapes: _____ Date of Deadline to Pick Up Tapes: _____

Date Tapes Returned: _____

Adaptive Equipment Requested? _____

Notes: _____
