**Academic Accessibility**

~Alternative Textbook Request~

**Student Name:**

**Semester textbook needed:**

\*We must have a copy of the receipt for each book requested in an alternative format.

Please give or email a copy of the receipt to Academic Accessibility OR academicaccessibility@asbury.edu

|  |  |
| --- | --- |
| Course Number/ Section: | Course Professor: |
| Title of Book: | Author: |
| Publisher: | Edition: |
| Copyright Date: | ISBN# (use ISBN-13 if provided): |

**Office Use Only:**

ATN: [ ]  Received [ ]

BS: [ ]  Assigned to Student [ ]

Publisher: [ ]  Email to Student [ ]

Notes: