



Students with Disabilities Services
Electronic Text Materials Request

Student Name (First, Last) _____ USF ID # _____

Phone # _____ Email _____

Semester [] Fall 201____ [] Spring 201____ [] Summer 201____ [] A [] B [] C

Date of Request _____

REQUEST ELECTRONIC CONVERSION OF THE FOLLOWING TEXTBOOKS

Table with 6 columns: Title of Book, Author, Copyright Date/Edition, Course/Professor, ISBN. Rows 1) through 6) are empty for text entry.

PICK-UP AGREEMENT FOR ELECTRONIC FORMAT TEXT AND COURSE MATERIALS

I _____ have been provided an electronic copy of the above listed titles by the Office of Students with Disabilities Services. These materials are copyrighted and are for my use only because of my documented print-related disabilities. In order to receive this material I agree to the following:

- 1. That I have provided SDS with "proof of purchase" for the printed version of the text materials.
2. The electronic copy is to only be used by the undersigned and is not to be copied, reproduced or shared in any manner.
3. Violation of this agreement will result in the loss of scanning privileges and possible disciplinary action.

Student Signature: _____ Date of Receipt: _____

SDS Signature: _____ Date of Delivery: _____