

## Alternative Book Format Application Form

Student Name:	Referrer (Lecturer or ALS staff):
Course:	
Student college email address: (book will be set to this address)	Student personal email address:
<p><b>Referrer approval signature</b> Please sign here to confirm that this student is print disabled and requires the book in an alternative format</p> <p>Signature: ..... Name: .....</p>	

### Book Details

Author:					
Title:					
Publisher:					
Other details if known (ISBN, edition, date published):					
The document can be delivered in a variety of formats, depending on publisher and sometimes you will have a choice. Please circle your preferred format.					
Word 2003	Word 2007	PDF	Kobo/Epub	Kindle	Audio

Please note: We are dependent on publishers complying with this request so response times can vary. Please hand this form into the **Learning Resources Centre**.

Contact your Librarians if you need more help:

- Angela Hawkins
- Deborah White
- Susan Baker