



Alternative Text Request Form

Disabled Student Services 180 Strand Union Building (406)994-2824 Fax: (406)994-3943

Print or type information, MUST be legible. All information must be provided to process request.
A receipt of book purchases AND syllabi for classes must also be provided.

Student Name _____ Semester _____ 20 _____

Local Address _____

Preferred Format of Text:
<input type="checkbox"/> PDF
<input type="checkbox"/> Word

GID# _____ Phone # _____ Email _____

1

Title of Book/Course Packet		Edition/Copyright	
Full Name of Author(s)		Publisher	ISBN
Class & Section	Name of Class	Instructor	Price

2

Title of Book/Course Packet		Edition/Copyright	
Full Name of Author(s)		Publisher	ISBN
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Office Only
___ Receipt
___ Online
___ Publisher
___ Scanning
___ Student
Notified
___ Receipt
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