



## ALTERNATE TEXT CHECKOUT FORM

It is the student's responsibility to complete a Request Form at least 4-6 weeks prior to the first class. Later requests will be filled in the order in which they are received.

Date:	Name:	ID#
Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Phone: (Office use)	Email:
<i>DSS makes every effort to give you the format you prefer, but we cannot guarantee your preferred format will be available.</i>		

### SOU Disability Services Alternate Text Usage Agreement

I certify that I am a registered student with Disability Services at SOU and am eligible for alt text, as listed on my accommodation letter. I understand that copyright law applies to my alt text services and that violation of the terms of this usage agreement is subject to the Student Code of Conduct as contained in the Student Handbook.

I will use the provided alt text for my educational purposes only. I am registered in a course for this term that requires the requested text.

I will not loan or release this alt text to anyone else.

I will return the alt text materials to DSS staff by the last day of this quarter. I understand that any late returns may result in a delay in future alt text services.

I understand that my student account may be charged replacement costs up to \$50 for any unreturned alt texts.

By submitting your request, you agreed to the above conditions.

Pickup date	Initials	Format	Text Title	Author	Return Date	DSS Use
		AudioCD <input type="checkbox"/> Etext CD <input type="checkbox"/> Other <input type="checkbox"/> _____				
		AudioCD <input type="checkbox"/> Etext CD <input type="checkbox"/> Other <input type="checkbox"/> _____				
		AudioCD <input type="checkbox"/> Etext CD <input type="checkbox"/> Other <input type="checkbox"/> _____				
		AudioCD <input type="checkbox"/> Etext CD <input type="checkbox"/> Other <input type="checkbox"/> _____				
		AudioCD <input type="checkbox"/> Etext CD <input type="checkbox"/> Other <input type="checkbox"/> _____				