# Alternative Format Request Form

**TO BE COMPLETED BY STUDENT**

Date Requested: _______________  
UMASS ID#: ____________________

First Name: ____________________  
Last Name: _____________________

Phone No: ______________________  
Email: _________________________

Semester: ______________________  
Year: __________________________

Format:  
- [ ] PDF  
- [ ] AUDIO  
- [ ] ENLARGE PRINT TO SIZE ________

OTHER: ________________________________________________________________

DELIVER FORMAT FILE BY: _____________________________________________

Additional Comments: _________________________________________________

________________________________________________________

**BOOKS TO BE FORMATTED:**

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<tr>
<th>Book Title</th>
<th>ISBN No.</th>
<th>Receipt Rec’d</th>
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**Staff Name:**

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<th>Date Received</th>
<th>Date Requested</th>
<th>Date Completed</th>
<th>Date Delivered</th>
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