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**DISABILITY SERVICES**

**Alternative Format Request Form**

**TO BE COMPLETED BY STUDENT**

Date Requested: \_\_\_\_\_ UMASS ID#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

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**BOOKS TO BE FORMATTED :**

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Staff Name: _____			
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