

PROCEDURE FOR REQUESTING RECORDINGS FROM RFB&D

Students requesting textbooks on CD from Readings For the Blind and Dyslexic through the University's license will be required to complete a Request for Textbooks form for each text you wish to receive on CD. The request form should be turned in to the Student Disability Service Office located at Moody Hall, Rm 155 along with a copy of the class syllabus. **NO REQUESTS FOR TEXTBOOKS WILL BE COMPLETED UNTIL A REQUEST FORM IS RECEIVED.**

1. You must present disability documentation to Student Disability Services (SDS) and have been approved for receiving accommodations.
2. Documentation must verify the specific need for alternative text formats as an appropriate accommodation.
3. You are responsible for providing textbook information to SDS. This information should include: name of text(s), author(s), publisher, edition and ISBN number. Please use the Request Form (PDF) found online at <http://www.stedwards.edu/apss/sds.htm> for providing textbook information.
4. Once SDS has all the necessary information, we will process your request. It may take 2-weeks or more for RFB&D to return the requested CD to us. You will be provided with the requested text on CD to borrow for the semester.
5. SDS has established 5 sites on campus that have the necessary software for reading these CD's. They cannot be read without this software or other specialized equipment (bought individually from RFB&D). These sites are: Scarborough-Phillips Library (1), Rm 212 Moody Bldg (2), Ragsdale Computer Lab (2).
6. You are responsible for picking up your CD at Moody Hall, Rm 155 when you are notified that it has been received at SDS office.
7. If you fail to pick up your textbook on CD, this could result in being denied this accommodation in the future.
8. Poor quality text(s) or missing text (s) should be reported immediately to SDS.



ST. EDWARD'S UNIVERSITY STUDENT DISABILITY SERVICES

REQUEST FOR BOOKS FROM RFB&D

Please fill out one form for each textbook that you need.

Date: _____

Student Name: _____

E-mail Address: _____

Local Address: _____

Local Phone Number: _____

Permanent Address: _____

Permanent Phone Number: _____

Course Number and Name: _____

Professor's Name and E-mail: _____

TEXTBOOK REQUESTED:

Title: _____

Author(s): _____

Publisher: _____

Edition: _____

ISBN Number: _____

OFFICE USE ONLY

Date Form Received: _____

Date Alternate Text Format Needed: _____

Form Complete: Yes No

Initials of SDS Staff Receiving Form: _____