

# Request for Materials in Alternative Format from the Statewide Vision Resource Centre

(Eligible students only)

**Please complete as much information as possible**

Student Name:	
School Name:	Year Level:
Visiting Teacher:	Date Requested:    /    /2018
VT Email:	Date Required:        /    /2018

Title:	
Author:	RR Level:
Publisher:	Series:
Publishing City:	ISBN:
Publishing Date:	Edition:
Student owns text book: Yes <input type="checkbox"/>	Original book supplied Yes <input type="checkbox"/> No <input type="checkbox"/>
Will accept a different/earlier edition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Book is class reading Yes <input type="checkbox"/>	Book is leisure reading Yes <input type="checkbox"/>

## **Format Requested**

**Etext**

Word (.doc) OR  Word (.docx)     PDF                       ePub/iPad

**Braille**

contracted             single-sided             single-spaced             Music  
 uncontracted         double-sided             double-spaced         Foreign language

**Companion booklet of tactile diagrams to accompany etext**

Please attach a list of required diagrams

**Audio**

MP3                       DAISY

**Large Print**

N16                       N18                       Other  
 A4                         A3                        (B4 is not available)

(Office use)

