

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

(Eligible students only)

Please complete as much information as possible

Student Name:	Year Level:
School Name:	Date Requested (dd/mm/yy):
Visiting Teacher:	Date Required (dd/mm/yy):

Title:	
Author:	RR Level:
Publisher:	Series:
Publishing City:	ISBN:
Publishing Date:	Edition:
Student owns text book: Yes <input type="checkbox"/>	Original book/PDF 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

- Braille**
 contracted single-sided single-spaced music
 uncontracted double-sided double-spaced foreign language

- Etext**
 Word (.doc) OR Word (.docx) PDF ePub/iPad

- Companion booklet of tactile diagrams to accompany etext requested above**
Please attach a list of required diagrams

- Audio**
 MP3 DAISY

- Large Print**
 N16 N18 Other
 A4 A3 (B4 is not available)

(Office use)

