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

(Eligible students only)

Please complete as much information as possible

Student Name	9:		Year Level:							
School Name:			Date requested (dd/mm/yy):							
VT / School contact:			Date Required (dd/mm/yy):							
Title:							\neg			
Author:				Series:						
Publisher:				ISBN:						
Publishing Date:				Edition:						
Book is class r		ac 🗍	Book i	Book is leisure reading Yes						
DOOK 13 Class I	eaurig re	:5	DOOK	3 ICISUIC	reading	163				
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Format Requested (add notes overleaf if more space is required)										
Braille (including tactile diagrams within braille book)										
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□ Et	ext									
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	Companion booklet of tactile diagrams to accompany etext above (PTO: list diagrams) Audio									
	O print		Auu	10			—			
L La	orge Print									
□ N	☐ N16 ☐ N18 ☐ Other (please note)									
A	4	A3	B4 is not available							
Delivery Instru	ctions									
Hold at SVRC for collection Please email VT when ready for collection										
Post to VT/school/student at this address:										
Email to VT/school/student at this address:										
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(Office use)										
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Date completed Notes:	•	51	tereo:		\4 /olumes:	A3				
Delivery	Shelf	Mail Er	mail		Propbox	Other				
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Text Books: Please supply chapter order and dates required OR List of required diagrams

Chapter/Section/Page number/List of diagrams	Date required

Additional Information:			

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(Office use)