

**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):
VT / School contact:	Date Required (dd/mm/yy):

Title:	
Author:	Series:
Publisher:	ISBN:
Publishing Date:	Edition:
Book is class reading Yes <input type="checkbox"/>	Book is leisure reading Yes <input type="checkbox"/>

Format Requested (add notes overleaf if more space is required)

Braille (including tactile diagrams within braille book)

contracted single-sided single-spaced

uncontracted double-sided double-spaced

Etext

docx + headings (Word) docx PDF ePub/iPad

Companion booklet of tactile diagrams to accompany etext above (PTO: list diagrams)

3D print

Audio

Large Print

N16 N18 Other (please note)

A4 A3 B4 is not available

Delivery Instructions

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: _____

(Office use)

Transcriber:		Pages:	Print	Braille	
Date completed:		Stereo:	A4	A3	
Notes:			Volumes:		
Delivery	Shelf	Mail	Email	Dropbox	Other

