SDC REQUEST FOR E-TEXT CONVERSION

Name: _____ Student ID#: _____

E-mail: _____ Local Phone: _____

Date Requested _____ Date Needed _____

Check One: Fall ☐ Winter ☐ Spring ☐ Sum I ☐ Sum II ☐ YEAR _____

Disability Specialist: _____

Class	Book Title	Format PDF, DOC, etc	To Repro? Office Use

Special Requests/Notes:

SDC Authorization & Routing

Specialist/Coordinator Signature _____ Date _____

SDC Action: (Check all that apply)

- ☐ Search database for books — completed on _____ by _____
- ☐ Send to Repro, Job #_____ — completed on _____ by _____
- ☐ Copy CD to SDC E-text computer — completed on _____ by _____
- ☐ Convert to ☐ PDF, ☐ DOC, ☐ Enlarge — completed on _____ by _____
- ☐ Burn CD for student — completed on _____ by _____
- ☐ Add book info to SDC database — completed on _____ by _____
- ☐ Other: _____ — completed on _____ by _____