



LONGWOOD UNIVERSITY  
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## **ALTERNATE FORMAT REQUEST FORM**

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# ALTERNATE FORMAT REQUEST FORM

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*If the format you have chosen is not available, ODR will provide the text in the next available format*

**Is a copy of Receipt provided?** \_\_\_\_\_

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\*Please allow 2 – 3 weeks for conversion to PDFs not released by publisher.

## STUDENTS FILL IN ALL INFORMATION:

Your name (Last, First, MI): \_\_\_\_\_

Student ID: \_\_\_\_\_

Email address: \_\_\_\_\_

Semester needed:      Fall      \_\_\_\_\_      Spring      \_\_\_\_\_      Summer      \_\_\_\_\_      Year: \_\_\_\_\_

**Please fill out the first three lines for each book requested!**

### BOOK 1

1) Course Name/Professor's Name \_\_\_\_\_

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3) ISBN # \_\_\_\_\_

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3) ISBN # \_\_\_\_\_

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1) Course Name/Professor's Name \_\_\_\_\_

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