Educational Assistance Center
Ventura College
Alternate Media Request for Services

The student must submit this form to the alternate media specialist each semester in order to receive alternate text.

Student Name: __________________________ Phone #: __________________

Cell #: ______________________

ID # __________________________ Email ________________________________

Semester: ______________________

I am requesting Alternate Media Services for the following classes:

Course _______________ CRN #: ___________ Instructor: _______________

Course _______________ CRN #: ___________ Instructor: _______________

Course _______________ CRN #: ___________ Instructor: _______________

Course _______________ CRN #: ___________ Instructor: _______________

Course _______________ CRN #: ___________ Instructor: _______________

Course _______________ CRN #: ___________ Instructor: _______________

I have received a copy of the Alternate Media Policies and Procedures and agree to follow them.

Student Signature: ________________________________

Date: ________________________________

DATE

__________________________