

**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	

