Scanning Request Form for Course Material

Name: ___________________________ Date: ___________
Email: ___________________________

1. Department: ____________ *Course Name and No.: ________________
   *Professor’s Name: ____________________________
   *Textbook Title: ____________________________ *Edition: ______
   *Textbook Author: ____________________________
   *Do you need the entire book scanned? ______
   If not, specify chapters/pages: ____________________________
   Any special re-binding instructions? ____________________________
   Other ____________________________________________________________________

2. Department: ____________ *Course Name and No.: ________________
   *Professor’s Name: ____________________________
   *Textbook Title: ____________________________ *Edition: ______
   *Textbook Author: ____________________________
   *Do you need the entire book scanned? ______
   If not, specify chapters/pages: ____________________________
   Any special re-binding instructions? ____________________________
   Other ____________________________________________________________________

3. Department: ____________ *Course Name and No.: ________________
   *Professor’s Name: ____________________________
   *Textbook Title: ____________________________ *Edition: ______
   *Textbook Author: ____________________________
   *Do you need the entire book scanned? ______
   If not, specify chapters/pages: ____________________________
   Any special re-binding instructions? ____________________________
   Other ____________________________________________________________________

Disability Services requires one week’s notice. If you need your materials sooner, we will train you how to scan your books and save them to text files.