

Disability Services Center, UC Irvine
Conversion/Alternate Media (CAM) Request Form

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| UCI ID# | Name |
| Contact Phone | Email |
| Course | Instructor |
| Alternate Media Format Requested (Please select one) <input type="checkbox"/> Braille <input type="checkbox"/> DOC <input type="checkbox"/> Kurzweil 1000/3000 <input type="checkbox"/> MP3 <input type="checkbox"/> PDF <input type="checkbox"/> Plain Text (ASCII) <input type="checkbox"/> Rich Text (RTF) | |

STUDENT: Please complete (1) one CAM Request Form per course. If you require additional space please use an additional CAM Request Form.

BOOK #1

| Title | Author | Edition | ISBN |
|-------|--------|---------|------|
| | | | |

BOOK #2

| Title | Author | Edition | ISBN |
|-------|--------|---------|------|
| | | | |

BOOK #3

| Title | Author | Edition | ISBN |
|-------|--------|---------|------|
| | | | |

BOOK #4

| Title | Author | Edition | ISBN |
|-------|--------|---------|------|
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By signing below, I have read and agree to the terms of the Disability Services Center Conversion/Alternate Media Services Agreement.

Signature

Date