

Post-Secondary Alternate Format Request

Part I – General Information

NAME		HOME ADDRESS		TELEPHONE (home)	
EMAIL	COLLEGE/UNIVERSITY		SPECIAL NEEDS COORDINATOR		OFFICE TELEPHONE
FACULTY	SPECIAL INSTRUCTIONS		Do you need braille labels? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Computer with screen reader? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR REQUEST					
<input type="checkbox"/> Visual impairment		<input type="checkbox"/> Learning or reading disability		Ordered materials before?	
<input type="checkbox"/> Physical disability		<input type="checkbox"/> Recording for the Blind/#		Yes <input type="checkbox"/> No <input type="checkbox"/>	
PLEASE LIST SPECIAL LEARNING EQUIPMENT INCLUDING COMPUTER AND SOFTWARE:					

Part II – BOOK ORDER

TITLE			AUTHOR		
EDITION		COPYRIGHT DATE		ISBN	
PUBLISHER			COURSE DURATION		
REQUIRED TEXT? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREFERRED FORMAT: <input type="checkbox"/> Audio <input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> E-text				

Internal Use:

SEARCH RESULTS	
	ACCESSION CODE

TITLE		AUTHOR	
EDITION	COPYRIGHT DATE	ISBN	
PUBLISHER		COURSE DURATION	
REQUIRED TEXT? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREFERRED FORMAT: <input type="checkbox"/> Audio <input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> E-text		

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Internal Use

SEARCH RESULTS	
	ACCESSION CODE

<p>Complete this form and send:</p> <ul style="list-style-type: none"> ▪ By mail ▪ By Fax ▪ By E-mail ▪ Order on-line 	<p>Media Production Services 215 – 1181 Portage Avenue Winnipeg MB R3G 0T3 Fax: (204) 948-1321 E-mail: judy.mcconnell@gov.mb.ca</p> <p>Web site: http://www.edu.gov.mb.ca/k12/blind/afs/post_sec.html</p>
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