

# Post-Secondary Alternate Format Request

Manitoba  
Education,  
Citizenship and  
Youth



## 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a Computer with screen reader?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | PREFERRED FORMAT:<br><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?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | PREFERRED FORMAT:<br><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?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | PREFERRED FORMAT:<br><input type="checkbox"/> Audio <input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> E-text |                 |      |

**Internal Use**

|                |                |
|----------------|----------------|
| SEARCH RESULTS |                |
|                | ACCESSION CODE |
|                |                |

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