

Alternative Media Book Submission Form

Last Name	First Name	Student ID	
Production Title			
Production #	Author(s)	Term	Session
Course	Professor		

High-Speed Scanning

I hereby give permission to Services to Students with Disabilities to cut the binding off my book in order to high-speed scan the book.

- Rebind book
- Do not rebind book

Book needed by (date): _____

Hand Scanning

I do not want the binding on my book cut. I am requesting hand scanning instead. I understand that hand scanning will take longer than high-speed scanning, and SSD cannot guarantee completion of the book quickly.

Chapters needed first: Chapter _____ Chapter _____
 Chapter _____ Chapter _____

_____	_____
Student Signature	Date
_____	_____
Staff Signature	Date

Pick Up Hard Copy

I have received my scanned book from SSD.

_____	_____
Student Signature	Date