

Request for RIMAC Accessible Materials

**Student Information**

School Year:	2010-2011
SASID #:	
Students Name, Last	
Students Name, First	
Case Manager: Or 504 Coordinator	

**TextBook Information**

* ISBN:	
* Title:	
Author (Last, First):	
* Publisher:	
Edition:	
* Copyright date:	
If Series, Subtitle:	
* Language:	English

\*REQUIRED FIELD

**Format**

<input type="checkbox"/> <b>Braille:</b> <input type="checkbox"/> Uncontracted <input type="checkbox"/> Contracted <input type="checkbox"/> Single-sided <input type="checkbox"/> Double-sided	<b>Electronic Platform:</b> <input type="checkbox"/> PC <input type="checkbox"/> MAC  <input type="checkbox"/> <b>Media:</b> <input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> E-Text <input type="checkbox"/> SD Card	<input type="checkbox"/> * <b>Large Print:</b> ___ Point size <input type="checkbox"/> Color <input type="checkbox"/> Black & White  <b>** Binding</b> <input type="checkbox"/> Hardcover <input type="checkbox"/> Soft cover <input type="checkbox"/> Spiral
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\* You must state what point (font) size you need

\*\* You must choose a Binding for the Books

**Paper:**

White     Buff     Other: \_\_\_\_\_

FOR RIMAC USE ONLY

DATE REQUESTED BY DISTRICT:	
DATE MATERIALS SENT TO REPRODUCTION CENTER:	
DATE RECEIVED BY DISTRICT:	