

**Request for Taped Books**

**\* required fields**

**\*Student Name:** \_\_\_\_\_ **\*Telephone Number ( )** \_\_\_\_\_

Class Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

**\*Semester: Spring / Summer/ Fall 200** \_\_\_\_\_ **\*Edition:** \_\_\_\_\_ **\*ISBN:** \_\_\_\_\_

**\*Name of Text:** \_\_\_\_\_

**\*Publisher:** \_\_\_\_\_

**\*Author:** \_\_\_\_\_

**Year Published** \_\_\_\_\_ **\* Date of Request** \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY:**

**Ordering Tapes**

Employee: \_\_\_\_\_

Date Ordered from Company \_\_\_\_\_ Please circle: RFB&D or Cleveland Sight (C.S.)

Contact Person: \_\_\_\_\_ Shelf #: \_\_\_\_\_

Book in stock? YES or NO

**Tapes Received**

Date tapes received in the office: \_\_\_\_\_ # of Cassettes: \_\_\_\_\_

Date student contacted: \_\_\_\_\_ Employee: \_\_\_\_\_

Date student picked up: \_\_\_\_\_ Date student returned Tapes \_\_\_\_\_

Date returned to RFB&D or C.S.: \_\_\_\_\_ Order #: \_\_\_\_\_

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I \_\_\_\_\_ have borrowed the above named tapes from Disability Services  
(Student's Name)  
and agree to return them at the end of : Spring / Summer/ Fall Semester 200 \_\_\_\_.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)