

Date Received: _____ Term/Year: _____

Request for Audio-visual Material in Alternate Format

*Please Complete Section A Only

Part A: Professor Information

Professor Name: _____ Contact Number: _____

Student Name: _____ Course Title: _____

Title of Material: _____ Copyright: _____

Total Running Time: _____ Date(s) of viewing: _____

Original format:	Audio Cassette	VHS	DVD	CD
(Circle One)	Streaming Video	Radio	Other:	

Part B: Office Use Only

Date media received: _____ Date completed: _____

Captioned already: Yes No Available from CMP: Yes No

Total Time Transcribing: _____ AM Database entry Date: _____

(Attach copy of transcription time log)

Return to:

Erin Salmon

Coordinator for Deaf and Hard of Hearing Services

Access Office for Students with Disabilities

Phone 229-245-2498 • **Email** epsalmon@valdosta.edu

Approved: _____ Date Sent: _____