

**Louisiana State University  
Disability Services (DS)**

***E-text Request Form***

***Please Note: For each class that you are requesting books on tape or e-text, a syllabus must be provided to ensure that tapes are ready in a timely manner. Failure to provide a syllabus may result in tapes being delayed.***

Name: \_\_\_\_\_ LSU ID#: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Semester:    Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

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***Course Schedule***

1. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_

Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S

Instructor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_

Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S

Instructor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_

Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S

Instructor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_

Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S

Instructor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_  
Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S  
Instructor's Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_  
Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S  
Instructor's Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_  
Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S  
Instructor's Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Course Name: \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_  
Time: \_\_\_\_\_ Day(s) (please circle one): M T W Th F S  
Instructor's Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# E-Text

I understand that I received **priority registration** as an accommodation through the Disability Services (DS). I understand that any changes made to my schedule after submitting the request form to DS will result in me receiving my e-text after the beginning of the Semester.

- I agree that in the event I change my schedule or determine that a textbook no longer needs to be read onto tapes or put in electronic format, I will notify DS immediately.
- I agree that I will pick-up my CD's from DS within three (3) class days of being notified they are available. I understand that failure to do so may result in the suspension of my services.

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Student Signature

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Date