



Disability Services for Students

Student Contract Form for Alternate Media

Student Name: _____

Date: _____

Student (Peoplesoft) ID #: _____

Disability Services for Students (DSS) facilitates alternate media requests for students who are eligible for this service. In order to maintain the integrity of the service and comply with the law, the following obligations apply to me:

1. I am currently registered at Sonoma State University, and matriculated in classes or enrolled in Continuing Education courses.
2. I am registered with DSS, where a confidential file of my disability verification is maintained. DSS's professional staff has verified my disability. My disability prevents me from "using standard instructional materials".
3. I am requesting an alternate format of a textbook or other material that I own or has been purchased on my behalf.
4. I understand that the alternate media supplied to me is for my own educational use only. The material is copyrighted and may not be reproduced or distributed. Any further reproduction or distribution in any format is an infringement of copyright laws and subject to legal actions. Therefore, I will not copy or reproduce any alternate media provided by DSS, nor allow anyone else to do so.
5. I will contact DSS if I have problems or concerns regarding the alternate media provided.

I have read or heard this contract read aloud and understand the procedures and conditions of the services listed above. My signature is my commitment to adhere to these responsibilities and terms.

Student Signature: _____

Date: _____

DSS Advisor Signature: _____

Date: _____