

AccessAbility Services Book Scanning Contract

Semester: Fall/Intercession/Spring/Summer Date: _____

Student Name: _____

Student Phone #: _____

Student E-mail: _____

Title of Book: _____

ISBN # : _____

Book on file? _____ Did student show proof of purchase? _____
Proof: __ textbook __ receipt Staff Initials: _____

I understand that this book's binding will be removed for the scanning process and that AccessAbility Services will not rebind the book. I also understand that completion time for scanning may take up to 4 weeks and that completion time depends on the size and format of the text, and how many other students are waiting to have their books scanned. I further understand that once my book is scanned that I will be contacted by the AccessAbility Services department via phone and WCSU email and that only I can pick up my book and corresponding scanned format.

Student Signature _____ Date: _____

Received By: _____ Date / Time: _____ / _____

Scanning completed by: _____ Date completed: _____

Scanning Information: Book share? _____ Accesstext available? _____

Was Text Unbound? _____

Format given to student: _____

Student Contacted? __ voicemail __ spoke to student Date _____ Staff Member _____

Date of Student pickup: _____ Student Signature: _____

Office Use Only

Notes: _____

