PHILADELPHIA UNIVERSITY

Disability Services Office

To Be Filled Out by Student Requesting Books on Tape or CD

Name:_____ Date:_____

Social Security:_____ Major:_____ Current Semester:_____

Address:_____

_____

Campus Phone:_____ Campus Box:_____

Home Phone:_____ Preferred Email:_____

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Checklist (Yes/No):

_____ Have you completed registration?

_____ Do you have your course syllabi and schedules? Make copies for the DSO.

Books you are requesting:

Title	Author	Course