

LIBERTY UNIVERSITY

Office of Disability Accommodation Support: Electronic Format Textbook Form

Name: _____ ID Number: _____ Residential student: ___ Online student ___

Semester: Fall ___ Spring ___ Term (Ex: Fall B): _____ Date: _____

Phone Number: _____ Address: _____

Please include complete information regarding your book(s), as well as information regarding what class(es) you need the book(s) for when submitting this form. Forms can be submitted as an email attachment. Please also send a copy of your receipt or other proof of purchase. Until both the textbook request and the proof of purchase have been submitted book(s) will not be able to be ordered from the publisher. This form must be submitted **as soon as possible** prior to the start of class. Please contact the ODAS office with any questions.

Course Code and Term (Ex: BIOL 101 B)	Title	Author	Edition/Publication Date	Publisher	ISBN Number

Online ODAS Email: luoodas@liberty.edu LUO ODAS Phone Number: 1-800-424-9595 LUO ODAS Fax Number: (434) 582-3858
Residential ODAS Email: odas@liberty.edu Residential ODAS Phone Number 1-434-592-4016 Residential ODAS Fax Number: (434) 582-3858