ANTELOPE VALLEY COLLEGE AMP Contract ____
Office of Students With Disabilities

AMT BOOK PROCESSING FORM

Student Name: _____ Date_____

Student ID: _____ Phone: _____ Email:_____

Book Title: _____ Student Initials OSDStaff Initials

Author: _____ Edition: _____ Ten Digit ISBN# _____

Emailed Ken _____

_____ Date book was dropped off _____ _____

_____ Date copy of receipt made _____ _____

Student requested following format:

_____ K3000 _____ Audio/MP3

_____ Daisy _____ Braille

_____ Large Print _____ RTF (Rich Text Format)

Ken Returned _____

_____ Date original book returned to student _____ _____

_____ Date took possession of alternate media format _____ _____

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DATE STATUS/UPDATE

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