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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