

THU Accessibility Format Request Form

Documents in Alternate Formats

**PERSONAL INFORMATION:**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DOCUMENT INFORMATION:**

**NAME OF DOCUMENT:** \_\_\_\_\_

**DEPARTMENT OF SERVICE:** \_\_\_\_\_

**LOCATION OF SERVICE:**

New Liskeard  Englehart  Kirkland Lake  other: \_\_\_\_\_

✓	FORMAT REQUEST	
	<b>LARGE PRINT</b>	Preferred font STYLE: _____
		Preferred font SIZE: _____
	<b>BRAILLE</b>	
	<b>AUDIO</b>	
	<b>ELECTRONIC</b>	<input type="checkbox"/> Microsoft Word <span style="float: right;"><input type="checkbox"/> Rich Text</span>
		<input type="checkbox"/> HTML <span style="float: right;"><input type="checkbox"/> PDF</span>
	<b>AMERICAN SIGN LANGUAGE (ASL)</b>	
	<b>LANGUES DES SIGNES QUÉBÉCOISES (LSQ)</b>	
	<b>OTHER:</b> _____	