

# Student Agreement (Alternate Format)

## CONTACT INFORMATION

Last Name		First Name		Student Number	
Address		City/Town		Province	Postal Code
E-mail		Telephone		NSID	

## PLEASE SIGN THE FOLLOWING AGREEMENT

I agree not to make copies and/or further distribute the electronic text received through Disability Services for Students. I understand that copying and/or distributing the file violates both university policy and the university's agreement with publishing groups. I further understand that copying and/or distributing this electronic text may jeopardize my future access to Alternate Format material through Disability Services for Students at the University of Saskatchewan.

Student Signature		Date (dd/mm/yyyy)
Witness Signature	Witness Name	