



ILLINOIS WESLEYAN UNIVERSITY

Textbook Proof of Purchase Agreement

I, _____, testify that the receipts I am providing to the
(Printed Student Name)

Coordinator of Disability Services are for textbooks that I have purchased for my classes for the
Fall _____ Spring _____ May _____ 20 _____ semester.

I am requesting assistance for the following course(s), indicated by department and course number
(example - PSCI 232):

_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that specially formatted texts and audio will be made available to me only after my proof of purchase has been verified, and I have provided copies of my receipts to the Coordinator of Disability Services.

Student Signature: _____ Date: _____

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Coordinator of Disability Services
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