

Proof of Disability Form for Multiple Students Organizational Accounts



Written proof of disability is one of the requirements that enables Bookshare® to provide access to copyrighted materials to individuals with print disabilities as defined in the U.S. federal copyright law provision (17 U.S.C. § 121) and in Bookshare's agreements with authors, publishers and others who have provided accessible content.

Use this form to add multiple students or clients at a single time.

Instructions

- This form is for use by organizations. Please create your organizational account online at www.bookshare.org if you have not already done so.
- Fill out the Account and Member Information. If your organization cannot provide names due to confidentiality policies, please contact us at <http://www.bookshare.org/contactUs> for other options.
- Have the Proof of Disability section filled in and signed by a qualified professional in the field of disabilities services, education, medicine or psychology. This professional must be a recognized expert who attests to the physical basis of the visual, perceptual, or other physical disability that limits the applicant's use of standard print as described in Section 121 of U.S. Copyright Law.

For students: Certification may be provided by a special education teacher, or for college or university students, the school's Disability Student Services staff who have proof of disability on file.

- Mail or fax this completed form including the original signature to Bookshare. Contact information is available at the bottom of each page of this form.

Please contact us with any questions: <http://www.bookshare.org/contactUs>.

Mail or fax completed form including the original signature to:
Bookshare Registration -- OR -- fax: (650) 475-1066
The Benetech Initiative
480 California Ave, Suite 201
Palo Alto, CA 94306-1609

Proof of Disability Form Organizational Accounts



Proof of Disability – To be filled out by Certifying Professional (please type or print)

Name of Certifying Professional _____ Title _____

Organization Name _____

Address _____ City _____ State _____ Zip _____

Daytime phone _____ Email _____

I attest, under penalty of perjury, to the physical basis of the visual, perceptual or other physical disability limiting the following applicants' abilities to effectively use standard print. I have the professional qualifications to make such a certification and/or have legal access through my organization to existing written documentation attesting to this fact.

Certifying Professional Signature: _____ Date: _____

Account and Member Information

Name of Registered Primary Contact _____ Phone Number _____

Organizational Account Name _____

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Member Information (continued)

PLEASE NOTE: For qualifying disability, enter Learning Disability that affects reading (LD), Visual Impairment (VI), other Physical Disability (PD), or a combination thereof. Bookshare cannot accept other classifications. Please contact us with any questions: <http://www.bookshare.org/contactUs>.

For grade level, select appropriate grade within K-12, College Freshman-Senior, G for graduate student or A for adult education.

Required for All Members			Required for Student Membership			For U.S. K-12 Only Does the student have the following type of plan?	
Member / Student Name	Qualifying Disability (use LD, VI, and/or PD only)	Date of Birth	Grade	District	School	Public School IEP	504 Plan

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