

REQUEST FOR ELECTRONIC TEXT FOR USE BY STUDENT WITH DISABILITY

To request an electronic text for a student with a verified disability, please print this form, make sure all sections are complete, and fax it to BiblioVault, at 773-753-4247 or 888-244-5737. Also visit our site to make an online submission:

<http://www.bibliovault.org/BV.accessibility.epl>

If available, your text PDF should be delivered within **2-3** weeks.

For inquiries about pending requests or deliveries, please contact bv-help@press.uchicago.edu.

BOOK INFORMATION

ISBN _____
TITLE _____
AUTHOR _____
COPYRIGHT _____
EDITION _____

COORDINATOR OF SERVICES / ADA COMPLIANCE OFFICIAL'S INFORMATION

Name _____
E-mail _____
Phone Number _____
University, College
or Campus _____
Address _____
City, State, Zip _____

DELIVERY METHOD (Please select one of the following options.)

_____ Email a link to the electronic text to the email address above.

_____ Ship a CD with this text to the mailing address above. (Cost of order will include shipping and media costs.)

_____ FTP the electronic text to the following FTP site.

FTP address: _____,

username: _____, password: _____

CERTIFICATION OF COORDINATOR OF SERVICES / ADA COMPLIANCE OFFICIAL

- I certify that the student has a disability that prevents him or her from using standard instructional materials.
- I certify that the book requested is for use by the student in connection with a course in which the student is registered or enrolled at the university, college, school or campus listed above.
- I certify that the student has agreed that he/she will use the electronic copy of the book in specialized format solely for his/her educational purposes and that he/she will not duplicate the book for use by others.

(Signature of Coordinator of Services for Students with Disabilities/ADA Compliance Official)

(Date) _____