

## APPENDIX D

### ***ADA Electronic Text Request to Publisher***

Publishing Company:

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### ***Publishing Company Electronic Text Request Certification***

In order to process your request to assist a student with disabilities, please complete this form, including the required signatures, and send it to the appropriate contact at the company.

ISBN: \_\_\_\_\_ Author: \_\_\_\_\_

Title: \_\_\_\_\_

Copyright: \_\_\_\_\_ Edition: \_\_\_\_\_

Name of Coordinator of Services for Students with Disabilities/ADA Compliance

Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

University, College or Campus: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Format \*: \_\_\_\_\_

**Check here if file is already available and another copy of file is not needed**

Technology Currently Used by Student (optional): \_\_\_\_\_

Certification of Coordinator of Services for Students with Disabilities or ADA Compliance Official

- I certify that the institution has purchased the printed instructional material for use by the student or that the student has purchased the printed instructional material.
- I certify that the requesting student has a disability that prevents him/her from using standard instructional materials. Proof of student disability will be kept on file at the college.
- I certify that the instructional material requested is for use by the student in connection with a course in which the student is registered or enrolled at the university, college or campus listed above.
- I certify that the student with a disability has signed the *Student Agreement on the Use of Recorded, Electronic or Other Alternatively Formatted Course Materials* (an unsigned version of which is attached) and the signed Agreement will be kept on file at the college.

\_\_\_\_\_  
Signature of Coordinator of Services for  
Students with Disabilities/ADA Compliance Official

\_\_\_\_\_  
Date