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.
If available, your text 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 ____________________________
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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.

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