

University of Chicago Press
Permission to Create Digital File for Use by Student with Disability

The coordinator of disability services or ADA compliance officer completing this form seeks an electronic file for the book defined below for use of a student with a verified disability in the course defined below. He/she attests that this office has checked with the various organizations that provide such files and has not found electronic files for this book.

BOOK AND COURSE INFORMATION

ISBN 0226 _____

Author _____

Title _____

Course Instructor _____

Course Title _____

Course Enrollment _____ Term _____

COORDINATOR OF SERVICES/ADA COMPLIANCE OFFICIAL'S INFORMATION

Name _____

University, College, School, Campus

Address _____

City, State, ZIP

E-mail Address

Phone Number _____

Certification of Coordinator of Services/ADA Compliance Official

- ♣ I certify that the student has a disability that prevents him/her from using standard printed books.
- ♣ I certify that the book requested is for use by the student in connection with a course in which he/she 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 it for use by others.

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

Upon submission of a fully completed and signed copy of this form, the University of Chicago Press grants the signing official permission to create an electronic file of the book listed above and to provide it to the student with a verified disability for use in the course described above.