Bookshare.org Membership Application Written Proof of Disability Form



Please fill out this form completely and return it to Bookshare.org with an original signature from the Certifying Professional (instructions below).

This form must be received before members can download copyrighted books from Bookshare.org. Written proof of disability is one of the requirements that enables Bookshare.org 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 our contracts with authors or publishers who have provided original digital files. We will notify you by email after we receive your form.

This is not the form for those wishing to have Bookshare.org verify eligibility directly with the National Library Services for the Blind and Physically Handicapped. For that option, please visit this web page: www.bookshare.org/NLS.

Note: you also need to complete the registration process, if you have not already done so. If over 18, the online process includes consenting to the Bookshare.org Member Agreement. If under 18, the Bookshare.org Member Agreement must be signed by your parent or guardian and returned to us. This information will only be used in compliance with the terms of our Privacy Policy as explained on the Bookshare.org web site.

Instructions

Step 1: Fill out the identifying information about yourself or the student you represent.

Submit one of these documents for each student listed on the "Proof of Disability Form for Multiple Organizational Accounts".

Step 2: Proof of Disability

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.

Appropriate certifying experts may differ for different disabilities. In the case of blindness and visual impairments, an appropriate certifier may be a physician, ophthalmologist, or optometrist; in the case of a perceptual disability, a neurologist, learning disability specialist (a teacher with this type of certification is an example), or psychologist with a background in disabilities may be the most qualified certifying professional. A social worker with direct knowledge of your circumstances or a federal or state agency that maintains registries of qualified people with disabilities for benefits purposes may provide certification. If you are a college or university student, your school's Disability Student Services staff may provide certification.

Step 3: Please mail or fax this completed form including the original signature to:

Bookshare.org Registration
The Benetech Initiative

-- OR -- fax: +1 (650) 475-1066

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Email with questions: support@bookshare.org

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Bookshare.org Membership Application Written Proof of Disability Form

To be filled out by the Applicant (All fields are required. Please type or print.)



Step 1 – Identifying Information

Name.			
Address:			
City: State / Province / Region:			
ZIP / Postal Code:	Country:		
Email Address:			
Date of Birth (if under 18):			
School or Group Account Na	ame (if applicable):		
Please indicate the disability placing an "x" next to the one to		effectively reading standard print by	
Visual impairme	nt, including blindnes	ss	
Learning disabil	ity		
Other physical o	lisability		
	Professional: (please ry, to the physical basis applicant's ability to effe	of the visual, perceptual or other ectively use standard print, and that I	
Name of Certifying Profession	onal:		
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