

## **Proof of Disability Form for Multiple Students Organizational Accounts**

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Use this form to add multiple students or clients at a single time.

### **Instructions – Submit this form to the LNSU Director of Student Support Services**

- This form is for use by Organizational (school and nonprofit groups) Accounts. Please set one up if you have not already done so: [www.bookshare.org/Schools](http://www.bookshare.org/Schools)
- Fill out the Account and Member Information. If your organization cannot provide names due to confidentiality policies, please contact us at 650-644-3400 for other options.
- 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.

**For students:** Certification may be provided by a special education teacher, or for college or university students, the school's Disability Student Services staff who have proof of disability on file.

- Mail or fax this completed form including the original signature to:

Bookshare.org Registration      -- OR --      fax: (650) 475-1066  
The Benetech Initiative  
480 California Ave, Suite 201  
Palo Alto, CA 94306-1609

Email with questions: [support@bookshare.org](mailto:support@bookshare.org)**Proof of Disability Form**

### **Organizational Accounts**

**Proof of Disability – To be filled out by Certifying Professional (please type or print)**

Name of Certifying Professional

Title

Organization Name

Address City State Zip

Daytime phone Email

I attest, under penalty of perjury, to the physical basis of the visual, perceptual or other physical disability limiting the following applicants' abilities to effectively use standard print. I have the professional qualifications to make such a certification and/or have legal access through my organization to existing written documentation attesting to this fact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Account and Member Information**

Lamoille North Supervisory Union  
School or Group Account Name

Susan B. Cano \_\_\_\_\_ 802-851-117  
Primary Contact Name Phone Number

