Assistive Technology & Accessible Educational Materials Center
POWERED BY OCALI

Request for a NIMAS File

Request Number: _____
Date: _____

Title: _____

ISBN Number: _____

Publisher: _____

Copyright Date: _____

Requestor Name: _____

Telephone Number: _____

Summer Number: _____

Facility Name: _____

Facility Fax: _____

School District: _____

County: _____

Teacher Email: _____

Summer Email: _____

*Requestor Signature: _____

This will verify the school district's intent to comply with copyright requirements and allow the school to request accessible materials. The student will have access to a print copy of the requested textbook. The student for whom this request was submitted has an Ohio Certification of Eligibility to use NIMAS Materials form on file at the school district of attendance.

Please complete and mail this form and the format clarification form with a print textbook via United States Postal Service (USPS) Free Matter Shipping Process with Integrated Smart Tracking to:

AT&AEM Center
ATTN: Kelly Houston or Judy Siens
470 Glenmont Ave
Columbus OH 43214