

# Request for a Textbook Chop and Scan

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:

Student Name:

\*Date of Birth:

\*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.

***Please complete and mail this form and the format clarification form with a print textbook via FREE MATTER FOR THE BLIND to***: AT& AEM Center

ATTN: Kelly Houston or Judy Siens

470 Glenmont Ave

Columbus OH 43214