



## Assistive Technology & Accessible Educational Materials Center

### 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