Proof of Disability Form for Multiple Students
Organizational Accounts

Written proof of disability is one of the requirements that enables Bookshare® 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 Bookshare’s agreements with authors, publishers and others who have provided accessible content.

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

Instructions

• This form is for use by organizations. Please create your organizational account online at www.bookshare.org if you have not already done so.

• Fill out the Account and Member Information. If your organization cannot provide names due to confidentiality policies, please contact us at http://www.bookshare.org/contactUs 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 as described in Section 121 of U.S. Copyright Law.

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. Contact information is available at the bottom of each page of this form.

Please contact us with any questions: http://www.bookshare.org/contactUs.
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Organizational Accounts

Proof of Disability – To be filled out by Competent Authority (please type or print)

Name of Competent Authority:__________________________________________________________

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.

Competent Authority Signature:__________________________________Date:____________

Account and Member Information

Name of Registered Primary Contact:__________________________ Phone Number:_____________

Organizational Account Name:__________________________________________________________________

Email, Mail or fax completed form including the original signature to:
Fax: (650) 475-1066 -- OR -- Bookshare Registration
Email: membership@bookshare.org The Benetech Initiative
480 California Ave, Suite 201 Palo Alto, CA 94306-1609
Member Information (continued)

**PLEASE NOTE**: For qualifying disability, enter Learning Disability that affects reading (LD), Visual Impairment (VI), other Physical Disability (PD), or a combination thereof. Bookshare cannot accept other classifications. Please contact us with any questions: [http://www.bookshare.org/contactUs](http://www.bookshare.org/contactUs).

For grade level, select appropriate grade within K-12, College Freshman-Senior, G for graduate student or A for adult education.

<table>
<thead>
<tr>
<th>Required for All Members</th>
<th>Required for Student Membership</th>
<th>For U.S. K-12 Only</th>
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<tbody>
<tr>
<td>Member / Student Name</td>
<td>Qualifying Disability (use LD, VI, and/or PD only)</td>
<td>Does the student have the following type of plan?</td>
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<tr>
<td>Date of Birth</td>
<td>Grade</td>
<td>District</td>
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