

NIMAS Request Form to New Jersey Authorized User for NIMAS Eligible Students with Other Print Disabilities

Student: _____ Date of Request: _____ School Year: _____

School District: _____ School: _____

Address: _____

Contact Person (name/position): _____ Phone Number: _____

E-Mail: _____

Authorized User / Accessible Media Producer (AMP): _____

Student or School AMP membership/account number: _____

Title of Book	ISBN#	Author	Publisher	Copyright Date	Grade Level	Accessible Media (audio or digital)

By requesting assignment of a NIMAS file set, our district/school assures that the student receiving the material has a documented print disability and meets the eligibility requirements for receiving NIMAS file sets. Copyright law strictly prohibits copying, sharing or redistributing NIMAS file sets in any form to any person.

Signature _____ Title _____ Date _____

Please mail, fax or email the completed form to: Jean Kelly, New Jersey Department of Education, Office of Special Education Programs, email: jean.kelly@doe.state.nj.us , or directly to either Bookshare (New Jersey), Jennifero@benetech.org, or Learning Ally, Leo Haninczak, Ihaninczak@learningally.org