



COLLEGES OF THE FENWAY ACCESSIBILITY SERVICE PROVIDER ALTERNATIVE COURSE MATERIAL REQUEST FORM

Student Name: _____

Primary Institution: _____

Cross-Registered Institution (if applicable): _____

THIS FORM AND THE INFORMATION IT CONTAINS MUST BE TREATED CONFIDENTIALLY.

The Colleges of the Fenway provide reasonable accommodations for students with documented disabilities. The following guidelines ensure the integrity of services and compliance with pertinent laws and apply to all course materials obtained in alternative formats through Accessibility Services.

By signing this agreement Accessibility Services agrees to the following:

- Accessibility Services will review submitted documentation and determine eligibility for alternative course materials.
- Accessibility Services will distribute requested alternative course materials upon availability.
- Accessibility Services will contact the student when requested materials are complete and available.
- Accessibility Services **will not** reproduce material that is commercially available in an alternative format.

By signing this agreement the student, _____, agrees to the following:

- I am a registered student in the course(s) for which I am requesting alternative course materials.
- I have requested materials in a reasonable and timely manner and have adhered to institutional deadlines.
- I have provided Accessibility Services with appropriate documentation of the disability that inhibits my ability to access standard course materials.
- I have provided proof of purchase for all requested course materials.
- I will not copy, share or reproduce alternative course materials in accordance with United States Copyright Laws.
- I understand that any violation of this agreement may be considered a breach of the institution's Code of Conduct and may result in sanctions.
- I understand that my original material(s) may be altered in the production process (i.e. removal of binding).
- I will return the alternative course materials to Accessibility Services at the end of the semester and will assume replacement costs if materials are lost, stolen or damaged.

This agreement is made between the student, _____, and the institution, _____, I certify that I have read, understand and received a copy of the policies and procedures stated above and agree to abide by them.

Student's Signature

____/____/____
Date

Institutional Representative's Signature

____/____/____
Date

This agreement has been read to the student before signing by _____.
Reader's Signature

Title	Author(s)	Edition/ Volume	Publisher	ISBN Number	Class & Instructor

The student will be contacted when the requested materials are available.

Please provide the following contact information.

Student ID #: _____

Local phone number: _____

Email address: _____