

InfiniTEXT Eligibility Certification Form

Instructions

As a Subscriber of the InfiniTEXT digital text repository we are a school, district, special-ed coop, agency or other non-profit organization that has a primary mission to provide specialized services relating to training, education, or adaptive reading or information access needs of blind or other persons with disabilities.

In accordance with the InfiniTEXT Subscriber Agreement, this form must be filled out by a Competent Authority as defined in that Agreement for each student who will have access to Materials from the InfiniTEXT database. This form must be maintained at Subscribers facility so long as the user has access to InfiniTEXT Materials.

Student Information (Please Print)

School _____

Name: Last _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____ Phone _____

Competent Authority Information (Please Print)

Competent Authority professional qualifications depend on the nature of the disability. If the reading disability is the result of a learning disability a qualified Competent Authority could be a school learning disability specialist, school psychologist, clinical psychologist, doctor of medicine or osteopathy.

In cases of blindness, visual handicap, or physical handicap, certification may be made by doctors of medicine or osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies. In the absence of any of these a professional librarian may make the certification.

Name _____

Title _____ Occupation _____

Address _____

City _____ State _____ Zip _____ Phone _____

Certification

Indicate the nature of the disability that prevents the applicant reading standard printed materials effectively.

Blindness / Visual Impairment **Learning Disability** **Other Physical Disability**

I certify the existence of a physical basis of the visual, perceptual or other physical disability limiting the applicant's ability to effectively use standard printed materials, and that I have the professional qualifications to make such a certification.

Signature _____ Date _____