

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](http://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 650-644-3400 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.

**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 Registration -- OR -- fax: (650) 475-1066  
The Benetech Initiative  
480 California Ave, Suite 201  
Palo Alto, CA 94306-1609

Email with questions: [groupaccounts@bookshare.org](mailto:groupaccounts@bookshare.org)

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# Proof of Disability Form Organizational Accounts



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**Proof of Disability** – To be filled out by Certifying Professional (please type or print)

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Name of Certifying Professional

Title

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Organization Name

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Address

City

State

Zip

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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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Account and Member Information

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Primary Contact Name

Phone Number

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Organizational Account Name

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**Member Information (continued)**

For qualifying disability enter Learning Disability (LD), Visual Impairment (VI) or other Physical Disability (PD).

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

<b>Required for All Members</b>			<b>Required for Student Membership</b>			<b>For U.S. K-12 Only</b> Does the student have the following type of plan?	
<b>Member / Student Name</b>	<b>Qualifying Disability</b> (use LD, VI, and/or PD only)	<b>Date of Birth</b>	<b>Grade</b> (if applicable)	<b>District</b>	<b>School</b>	<b>IEP</b>	<b>504 Plan</b>

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