

## WRITTEN REQUEST FOR ALTERNATE FORMAT INSTRUCTIONAL MATERIALS

Date of Request: \_\_\_\_\_

To: (Publisher name and address) \_\_\_\_\_

This is a formal request for materials in alternate format in compliance with the legislation summarized below: *The Instructional Materials Accessibility Act (IMAA) of 2002 was passed for the purpose of improving "access to printed instructional materials used by elementary and secondary students who are blind, as well as other students who have print disabilities." The IMAA specifies the creation of a system for acquiring a "publisher's electronic files of textbooks and other instructional materials so that these materials can be made available in Braille, synthesized speech, digital text, digital audio, or large print."*

*In addition, the Braille Access Act, Senate Bill 301, State of New Mexico, July 1, 2003, states that: "the publisher shall provide the computer or electronic versions of the printed instructional materials to the educational institution at no additional cost and within ten business days after a written request."*

The following text has been purchased by the school for use with existing courses and will be needed in alternate format to accommodate the needs of students who are blind or have print disabilities. It will not be used for other students and copyright laws will be obeyed.

Subject area: \_\_\_\_\_ Grade: \_\_\_\_\_

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Copyright: \_\_\_\_\_ ISBN: \_\_\_\_\_

Name of course/class in which text is used: \_\_\_\_\_

Number of students for whom materials are requested: \_\_\_\_\_

Educational disability (ies): \_\_\_\_\_

Format needed (determined by school technology staff for learning disabled students, or district special education staff for blind students):

- DAISY
- Plain Text
- Microsoft Word
- Accessible PDF
- MP3

Please send electronic version of textbook materials to:

**School Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Albuquerque, NM Zip Code:** \_\_\_\_\_

School contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

District contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of School Principal: \_\_\_\_\_