



PORTAGE & MAIN PRESS

Request Form – Students with Disabilities

If you are a student who has a verified disability that prevents you from using standard instructional materials, please have your school's Disabilities Service Coordinator or other school official fill out this request and agreement for the electronic file you require. The majority of the time, Portage & Main Press can provide the student with a PDF file. If a PDF file can not be provided, we will provide whichever format we have available. Please be advised that we do not provide audio files.

We will respond as quickly as possible, but please understand that it may take 2-3 weeks for you to receive the electronic file. **Fields marked with an asterisk (*) are required.**

Please contact Portage & Main Press via email with any questions or concerns.

books@portageandmainpress.com

PART 1. Our Product Information

*Title: _____

*Edition: _____

*Author: _____

*ISBN: _____

*Date of textbook purchase (mm/dd/yy): _____

*Location of textbook purchase (Enter at least one): _____

Bookstore: _____

Direct from publisher: _____

Other: _____

*Purchase Price Paid: \$ _____

PART 2. Coordinator of Services/Responsible School Official and Academic Information

*First Name: _____ *Last Name: _____

*Phone: _____ Fax Number: _____

*E-mail: _____

*Instructor's Name: _____

*Course Name: _____ *Semester: _____

PART 3. Request to Duplicate a File Previously Provided by Portage & Main Press

Although the file may have been previously provided for use by another student at your school, this request for use by another student must still be presented to Portage & Main Press.

*Are you making this request on behalf of a centralized repository, depository, or other file storing system?

Yes No

*Has this file been previously provided? Yes No

If yes, date of original request (mm/dd/yy) _____

*Have you verified that the student or someone on his or her behalf has issued payment to the publisher equal to the cost of the print version of the textbook? Yes No

**UPON ELECTRONIC RECEIPT OF VALIDATION FROM PORTAGE & MAIN PRESS,
YOU ARE PERMITTED TO OBTAIN THE FILE FROM YOUR SCHOOL'S CENTRALIZED
LOCATION, PROVIDED ALL CRITERIA ON THIS FORM HAVE BEEN MET.**

PART 4. School Information

*Name of School: _____

*School Address: _____

*City: _____ *Province: _____ *Postal Code: _____ *Country: _____

*Email Address: _____

Email OR Postal Address Where File Will Be Sent if different from above.

*Email: _____

*Name of School: _____

*School Address: _____

*City: _____ *Province: _____ *Postal Code: _____ *Country: _____

PART 5. Verification and Agreement

I verify and agree that:

1. The requesting school or disabled student has purchased the above named printed work (the "Title").
2. The student is registered to take or attend the above course requiring the use of the Title.
3. The student has a disability that prevents him or her from using the Title.
4. The request is made or supported by the Coordinator of Services for Students with Disabilities or other appropriate school official.
5. The Title has been determined to be essential to the student's successful completion of the course.
6. The student and the school will not use or further distribute or copy the electronic files for the Title for any other purpose.

7. In using the electronic files provided by the Publisher, the disabled student, the designated educator, will abide by the Copyright Law of Canada and policy of the requestor's school.
8. Portage & Main Press owns all rights to the Title and the electronic files for the Title, including copyright. The student and the school have only the right to use the electronic files for the purposes set forth in this request.

This file is being provided for use by one student with a disability at your institution who is the specific subject of this request. You agree not to otherwise reproduce, use, sell, transmit, publish, broadcast, or otherwise disseminate or distribute the file (or any version modified for accessibility purposes) to anyone, including but not limited to other students with a disability at your or any other institution, others in the same company, school, college or other organization, whether or not for a charge or other consideration, including but not limited to use in connection with the sale, retransmission, distribution, publication, broadcasting, circulation or other dissemination, for any purpose, whether commercial or otherwise, without the express prior written permission of Portage & Main Press.

EXCHANGE OF THIS OR ANY OTHER FILE, IN A MODIFIED FORMAT OR COPY THEREOF, IS A VIOLATION OF THE U.S. COPYRIGHT ACT. SEPARATE AUTHORIZATION MUST BE OBTAINED FOR EVERY USER OF THIS FILE, ITS MODIFIED FORMAT OR COPY THEREOF, AND SEPARATE PROOF OF PURCHASE OF THE TEXT MUST BE PROVIDED.

WE RESERVE THE RIGHT TO REQUIRE WRITTEN DOCUMENTATION REGARDING ANY INFORMATION PROVIDED ON THIS FORM.

Please read the following statement. By checking the box, you have made the following agreement:

- I verify that the above answers and verifications are complete, true and correct and that by submitting this request and receiving the requested electronic file, I am agreeing to abide by these terms.

*Requestor's Full _____

Name: _____

Title: (if any) _____

*Requestor's Email: _____

Comments: (Optional) _____

Please return this form by fax or email to Portage & Main Press.

email: books@portageandmainpress.com • fax: 1-866-734-8477