

Sample Form:
NIMAS Student Registration
for Accessing Core Instructional Materials in Specialized Formats for
Students with Physical Limitations and Students with Reading Disabilities¹

Insert district
logo here.

Please mail a completed copy of this **Student Registration Form** to your District Digital Rights Manager (DRM),

_____, at: _____
Name of DRM District Office Name and Inter-office Mail Courier Address

Fax or email copies of this **Student Registration Form** are not acceptable as an original signature must be on file with DRM.

The following STUDENT INFORMATION is required:

First Name* _____ Middle Name _____ Last Name* _____

Date of Birth (mm/dd/yyyy)* _____ Grade Level* _____

Does the student have a current IEP that specifies the student's need for specialized formats, assistive technology and/or services to use the files?* Yes: _____ No: _____ Date IEP Last Updated*: _____ (mm/dd/yyyy)

Does the student have a *physical limitation*² that prevents reading or using standard print materials?* Yes: _____ No: _____

Does the student have a *reading disability resulting from organic dysfunction*³ that prevents reading standard print?*
Yes: _____ or No: _____

Has a **competent authority** certified that the student is unable to read or unable to use standard printed materials as a result of physical limitations² or reading disability resulting from organic dysfunction³?* Yes: _____ No: _____

Is the documentation on file in the district?* Yes: _____ No: _____

File format needed* (select up to two):

DAISY Text: _____ HTML: _____ Audio Plus: _____

DAISY Text/Audio: _____ Rich Text (rtf): _____

Other formats are available by special order request. Please specify format: _____

NIMAS School Contact

As the NIMAS School Contact, I certify that the above information is accurate and fully documented. I further certify that I have reviewed the eligibility criteria as amended by the Chafee Amendment to the Copyright Act of 1931 and as described below for students with physical limitations and for students with reading disabilities resulting from organic dysfunction.

Original Signature Required (no stamps)* Printed Name* Title*

Contact Address: _____
(PLEASE PRINT) School Name* Street Address* City* State* Zip*

***Required Fields** - In order to qualify to receive K-12 textbooks and core instructional materials in specialized formats, rendered from NIMAS-derived files, the student must have: (1) an individual educational plan (IEP); and (2) a certification of a print disability, by a recognized **competent authority**, on file with school district.

¹Online Student Registration for **students with visual impairments** follows different procedures due to the requirements for Florida to participate in Federal Quota Program. Contact your District Exceptional Student Education (ESE) office or teacher of the visually impaired for further details.

² **Physical limitations** - Persons certified by competent authority as unable to read or unable to use standard printed materials as a result of physical limitations. In the case of physical limitations, a **competent authority** is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies.

³ **Reading Disabilities** - Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed materials in a normal manner. In the case of a reading disability resulting from organic dysfunction, **competent authority** is defined as a doctor of medicine who may consult with colleagues in associated disciplines.