

Verification of Eligibility to Use NIMAS Materials

Student Name		
<u>Last Name:</u>	<u>First Name:</u>	<u>MI:</u>
<u>Student Testing Identifier (STI):</u>		
Address		
<u>Street:</u>	<u>Apartment:</u>	
<u>City:</u>	<u>State:</u>	
	<u>Zip Code:</u>	
	<u>Date:</u>	
<p>From Federal Register 34 CFR Parts 300 and 301, p. 46621, published August 14, 2006: (1931 Copyright Law as amended -Chafee Amendment)</p> <p>The Library of Congress regulations (36 CFR 701.6(b)(1)) related to the Act to Provide Books for the Adult Blind (approved March 3, 1931, 2 U.S.C. 135a) provide that blind persons or other persons with print disabilities include:</p> <ul style="list-style-type: none"> (i) <i>Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter if visual field subtends an angular distance no greater than 20 degrees.</i> (ii) <i>Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.</i> (iii) <i>Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.</i> (iv) <i>Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.</i> 		
To Be Completed By Competent Authority:		
<u>Name:</u>	<u>Title:</u>	
<u>Address:</u>		
<u>City & State:</u>	<u>Zip Code:</u>	
I certify that the student listed above is unable to read or use standard printed material for the following reason:		
<input type="checkbox"/> Blindness, visual impairment, or physical impairment.	<input type="checkbox"/> Reading disability from organic dysfunction.	
<u>Signature:</u>	<u>Date:</u>	