



HOUGHTON MIFFLIN COMPANY ELECTRONIC TEXT REQUEST CERTIFICATION

In order to process your request to assist a student with disabilities, please complete this form, including the required signatures, and return it to Pam Richardson, Houghton Mifflin Co., 181 Ballardville Street, Wilmington, MA 01887, or Fax # (800) 458-9501.

ISBN: _____ AUTHOR: _____

TITLE: _____ COPYRIGHT _____ EDITION _____

Name of Student: _____

Name of Coordinator of Services for Students with Disabilities/ADA Compliance Official:

_____ Phone #: _____

University, College or Campus: _____

Address: _____

City, State Zip _____

I. CERTIFICATION OF COORDINATOR OF SERVICES FOR STUDENTS WITH DISABILITIES OR ADA COMPLIANCE OFFICIAL

- I certify that the institution has purchased the printed instructional material for use by the student named above or that the student has purchased the printed instructional material.
- I certify that the student has a disability that prevents him or her from using standard instructional materials.
- I certify that the instructional material requested is for use by the student in connection with a course in which the student is registered or enrolled at the university, college or campus listed above.

**Signature of Coordinator of Services
for Students with Disabilities/ADA Compliance Official**

Date

II. AGREEMENT BY STUDENT

- I agree that I will use the electronic copy of the instructional material in specialized format solely for my own educational purposes.
- I agree that I will not duplicate the instructional material for use by others.

Signature of Student

Date