## **TEXTBOOK USAGE AGREEMENT**

Student Name:	Student ID#:
Home Address:	
Home Phone Number:	E-mail Address:
organizations to create and distribute alterna	endment allows authorized education agencies and non-profit ative formats of non-dramatic copyrighted materials without prior long as the alternative formats are for the exclusive use of
The alternative format in this document is co	ensidered large print or Braille books.
By signing this agreement the School Distric	t/Service Provider agrees to provide the following services:
<ol> <li>To determine if the student's disability of copyrighted materials.</li> <li>To provide access to available large print</li> </ol>	qualifies him or her eligible for use of alternative formats of nt or Braille books.
By signing this agreement, the parent and student agree to the following conditions:	
<ol> <li>Use copyrighted material in alternative format as described in the Individual Education Program (IEP) to provide access to the general curriculum.</li> <li>Agree not to copy or distribute the large print or braille books we provide to any other person.</li> <li>Copyrighted books will only be used as needed and promptly returned to the school upon course completion or exit/graduation from school.</li> <li>Any large print or braille books copies on loan by the school district is the property of the school district. Upon course completion or exit/graduation from school the large print/braille books will be returned to the district.</li> </ol>	
By signing, all parties agree to the above conditions and are bound to the Agreement.	
Student Signature	School District/Service Provider - Representative By: Name, Title
Date:	Date:
Parent Signature	Date:

A copy should be kept at the district level