



## Reading Technology Textbook Scanning Agreement

Please initial next to each statement to signify that you have read, understand, and agree.

\_\_\_\_\_ I understand that in order to use reading technology I must obtain an electronic version of my textbook (e-text). I understand that an e-text may be made available by contacting the publishing company. However, in some cases I will need to have my textbook scanned in order to obtain an electronic version.

\_\_\_\_\_ I understand that Disability Services will provide all scanning services.

\_\_\_\_\_ I understand that in order to scan my textbook, I must agree to cut the binding off of my textbook. I understand that once the binding is cut it cannot be reattached. Cutting the binding may affect the bookstore's willingness to buy the book back at the end of the semester.

\_\_\_\_\_ I understand that Disability Services will have my book spiral bound before returning it to me.

\_\_\_\_\_ I understand that the scanning process may take up to 5-7 business days to complete. I have made alternate arrangements to have access to all reading materials while this process is being completed.

\_\_\_\_\_ I own the textbook I am requesting to be scanned and agree to provide proof of purchase to Disability Services before they are able to process my request.

\_\_\_\_\_ I understand that the e-text version is for my personal use only. I understand that I am forbidden by **copyright laws** from sharing this e-text with *anyone* else, including other students, faculty, or staff.

Please sign below with the knowledge that you have read, understand, and agree to follow the above statements. Your signature indicates that all questions regarding the statements above have been answered to your satisfaction. If my book is scanned and the binding of my textbook is broken, I would like my book bound in the following manner (please check one).

\_\_\_\_\_ spiral bound                      \_\_\_\_\_ 3-hole punched                      \_\_\_\_\_ No binding necessary

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (please print clearly): \_\_\_\_\_

Witness/Staff: \_\_\_\_\_ Date: \_\_\_\_\_

### **DISABILITY SERVICES**

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