



Request for Student Account

Please fill out this form completely and return it to Shawna Moe or Jack Dobbs.

Identifying Information (All fields are required)

Student Name:

Date of Birth:

Grade:

School District:

School:

Proof of Disability:

Check all that apply: (must check at least one)

Visual Impairment that prevents effective reading of standard print (blind, legally blind, or with other function vision limitations)

Physical disability that prevents reading print or using a print book

Severe learning disability that prevents reading of standard print. (student does not need to be labeled under the SLD category but does need to show a need for reading, example: OHD student with reading goals)

Does the student have an IEP or 504? (Must check 1)

IEP

504

Competent Authority's Information

Name:

Title:

Phone #

I attest, under penalty of perjury, to the physical basis of the visual, perceptual, or the physical disability limiting the applicant's ability to effectively use standard print, and that I have the professional qualifications to make such a certification and/or have legal access through my organization to existing written documentation attesting to this fact.

Checking the box means that you have read the above statement and agree the student has a qualifying disability.

Preferred Username:

(must be at least 8 characters long)

Preferred Password:

(must be at least 8 characters long and contain at least 1 number or character)