

Princeton Theological Seminary Proof of Print Disability Form

Written proof of disability is one of the requirements that enables Princeton Theological Seminary to provide access to copyrighted materials to individuals with print disabilities as defined in U.S. federal copyright law (17 U.S.C. § 121). We will notify you by email after we receive your form.

Instructions

Step 1: Applicant's Information

Fill out the identifying information about yourself.

Step 2: Proof of Disability

Have the Proof of Disability section filled in and signed by a qualified professional in the field of disabilities services, education, medicine or psychology. This professional must be a recognized expert who attests to the physical basis of the visual, perceptual, or other physical disability that limits the applicant's use of standard print.

Appropriate competent authorities may differ for different disabilities. In the case of blindness and visual impairments, an appropriate certifier may be a physician, ophthalmologist, or optometrist; in the case of a perceptual disability, a neurologist, learning disability specialist (a teacher with this type of certification is an example), or psychologist with a background in disabilities may be the most qualified competent authority. A social worker with direct knowledge of your circumstances or a federal or state agency that maintains registries of qualified people with disabilities for benefits purposes may provide certification.

Step 3: Scan and email this form as an attachment.

PTS students should return this form to academic.support@ptsem.edu

Others should return this form to digital.library@ptsem.edu

Proof of Disability Form

Step 1 – Applicant's Information

To be filled out by applicant. All fields are required. Please type or print.

Name:

Address:

Phone number:

Email address:

Date of birth:

Step 2 – Proof of Disability

To be filled out by Competent Authority. All fields are required. Please type or print.

Check any that apply for the above Applicant:

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

Severe learning disability that prevents effective reading of standard print

Physical disability that prevents reading print or using a print book

Name:

Title:

Organization:

Address:

Phone number:

Email address:

I attest, under penalty of perjury, to the physical basis of the visual, perceptual or other 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.

Signature: _____

Date: _____