

## **Print Disability Verification Letter**

The Maryland Accessible Textbook Program (MAT), through the Library for the Blind and Print Disabled (LBPD), is a program that is here to assist Maryland college students who are blind, low vision, or have other disabilities that make it difficult to read standard-sized print. A competent authority must fill out the attached Printed Disability Verification Form. Competent authorities include: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, and professional staff of hospitals, institutions, and public or private welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, or superintendent). Below you will find a list of the conditions that qualify students for services rendered by the MAT program.

- Visual acuity, as determined by a competent authority, is 20/200 or less in the better eye with correcting lenses or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- Visual impairment, with correction and regardless of optical measurement, is certified by a competent authority as preventing the reading of standard printed material.
- Certified by a competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
- Certified by a competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a conventional manner.

If you have provided your college/university DSS office with the requested disability verification, please have the school issue a letter stating verification for the qualification of services. The Maryland Accessible Textbook Program intends to provide the best and most comprehensive service possible to print disabled students. Please review the attached forms and email or call us if you have any questions or concerns. Thank you.

Respectfully,

Joseph Beckett, MAT Coordinator  
410-230-2453 (Tel.)

[joseph.beckett@maryland.gov](mailto:joseph.beckett@maryland.gov)



*Morgan Lehr Miller*  
*Maryland State Librarian*

25 S. Charles Street, Suite 1310 • Baltimore, Maryland 21201 • 667-219-4800

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## Maryland Accessible Textbook Program

Maryland State Library for the Blind and Print Disabled  
415 Park Avenue, Baltimore, MD 21201  
Phone: 410.230.2424 (option 7)  
Fax: 410.333.2095

### Print Disability Verification Form

Section 1: To Be Completed DSS or Competent Authority

Name:

School/Practice:

Email Address:

Phone:

I authorize the release of the information requested on this Print Disability Verification Form to the MAT Program at the Maryland State Library for the Blind and Print Disabled. I understand that this information will remain confidential and will be used only in providing the appropriate support necessary for the completion of the MAT Program Student Application process. The release of information does not permit the disclosure of these records to any other persons or entities without my consent. I understand that at any time, through written notice, I can amend, change, or cancel this agreement with the MAT Program. The revocation of this agreement will have no effect on disclosures previously made.

Student's Signature:

Date:



*Morgan Lehr Miller*  
*Maryland State Librarian*

25 S. Charles Street, Suite 1310 • Baltimore, Maryland 21201 • 667-219-4800

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## Consent for Release of Confidential Information

I, \_\_\_\_\_ the undersigned, give consent to and request all appropriate persons and/or agencies to release information regarding myself to the Maryland Accessible Textbook Program for use in educational/vocational services. All information will be kept confidential and maintained as part of my records with the MAT Program. I authorize the release of information to include one or more of the following:

Medical Reports Results listing the student's diagnosis

Learning Disability Assessment Results

Psychiatric Evaluation Results verifying need for MAT Program services

Vocational Rehabilitation Plan

A letter of verification from your college/university Disability Support Services Center

Proof of patron membership at the Maryland State Library for the Blind and Print

Disabled

Student Signature:

School:

Date: