

Maryland State Library for the Blind and Physically Handicapped

415 Park Avenue • Baltimore, MD 21201 • 410-230-2424 • Toll Free: 800-964-9209 • Baltimore Area: 410-333-8679 TTY/TDD

Student Agreement

I,, am enro	lled at
College/ University for the semester in could alternatively formatted instructional materials.	irse(s) for which I am requesting
I have provided the Maryland Accessible T documentation of the disability that preventation.	
I understand that I must purchase instruct students (<i>if textbook is not available throwscanned</i>).	
I agree that I will not copy, reproduce, and instructional materials nor allow anyone e	
I have read and understand the policies are comply with them.	nd procedures outlined above and agree to
Before receipt of materials, this agreement member of the MAT Program Staff and key student requests alternatively formatted m	pt on <i>file each school year</i> in which the
Student Name & Phone Number (Printed)	Student Email Address
Student Signature	Date
MAT Representative Signature	Date
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