LEHM AN COLLEGE
The City University of New York

THE OFFICE OF SPECIAL STUDENT SERVICES

ELECTRONIC TEXT DISTRIBUTION AGREEMENT

Student Name: _________________________________________ S.S.#: ______________

Book: ________________________________________________________________________

By signing this agreement, the Office of Special Student Services will:
- determine if you qualify as having a print disability and are eligible for alternative formats of copyrighted materials.
- provide access to the requested e-text when it is available.
- contact the student when material is ready to be picked up.

By signing this agreement, you agree to the following conditions:
- I agree that I am enrolled for the semester and the particular course(s) for which I am requesting alternatively formatted instructional materials.
- I have provided the designated college official with appropriate documentation of the disability that prevents me from using standard instructional material. I understand that this documentation will be kept on file at the college.
- I understand that I must purchase instructional materials at the same cost as other students.
- I agree that I will not copy or reproduce alternatively formatted instructional materials nor allow anyone else to do so pursuant to the requirements of the copyright revision act of 1976 as amended (17 U.S.C. § 101 et seq.).
- I will not share alternatively formatted materials with any other party.
- I understand that any violation of this agreement may be considered a violation of CUNY’s Code of Conduct and may result in penalties. Violations may also constitute a violation of federal and/or state laws and may result in civil or criminal prosecution, payment of fines or other moneys to the copyright holder, and/or incarceration.

I have read and understand the policies and procedures outlined above and agree to comply with them.

__________________________________                             __________________________________
Student’s Signature                                                                 College Representative

Date: ________________