



## SPECIAL NEEDS PERMIT REQUEST ALTERNATE MEDIA

<b>Institution Name:</b>
<b>Department:</b>
<b>Address:</b>
<b>City:</b>
<b>Province/Postal Code:</b>

**Please indicate requirements:**

CD ROM  
Microsoft Word File

PDF file  
Other\*

<b>TEXT:</b>
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I, \_\_\_\_\_ request the specified Alternate Media Format of the indicated TrainCan, Inc. publication. This request is made on behalf of \_\_\_\_\_, a student registered at the above named institution.

It is agreed that the following limitations on the material provided will be observed:

1. It is for the sole use of the aforementioned student who has a disability that prevents him or her from using the print version of the Text.
2. The student is registered in a course at the indicated institution that requires this Text.
3. The Text will be used for educational purposes only.
4. The student will not copy or duplicate the Alternate Media for use by others.
5. If the named institution permits the student to directly use the Alternate Format, the file shall be copy-protected or the college or university shall take other reasonable precautions to ensure that the student does not copy or distribute electronic versions of the Text.
6. The named institution certifies that it has purchased the print version of the Text for use by said student or said student attending or registering to attend the university has purchased the print version of the Text.

Attested by:

By \_\_\_\_\_  
Authorized Signature

By \_\_\_\_\_  
Please print name

Contact Number: \_\_\_\_\_

Please allow 3 weeks for delivery. Questions should be faxed or emailed to Mary Sue Farache at (416) 646-0877 or [mfarache@traincan.com](mailto:mfarache@traincan.com).

*Please specify:
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