



**State of Arizona**  
**Department of Education**  
**ACCESSIBLE INSTRUCTIONAL MATERIALS REQUEST**

The purpose of this form is to request the release of a NIMAS fileset from the NIMAC repository in order to produce a textbook or other print instructional material in an accessible format. To check the availability of textbooks or other materials, please visit <http://www.nimac.us>.

It is the responsibility of the Public Education Agency (PEA) to ensure that children receiving Alternative Media Format textbooks or print instructional materials meet the eligibility requirements under the Chafee Amendment. PEAs may be asked to submit documentation to provide proof of eligibility.

The Accessible Media Producer (AMP) designated on this form will be provided with your contact information. As a PEA, any contractual relationship to perform work is directly between you and the AMP. These relationships are outside the Arizona Department of Education (ADE and the ADE itself is not involved in any way in these negotiations.

Instructions: Download form, complete all areas, and submit to ADE NIMAC Coordinator by email to [candice.trainor@azed.gov](mailto:candice.trainor@azed.gov) or by fax to (602) 542-5404.

**SECTION 1: TEXTBOOK / PRINT MATERIAL INFORMATION – Please enter as much detail as possible.**

Title:		
Edition:	Series:	Grade level:
Author/Editor/Illustrator:		
Publisher:	Year:	ISBN:
Content Type: <input type="checkbox"/> Consumable <input type="checkbox"/> Supplementary Reading Material <input type="checkbox"/> Textbook <input type="checkbox"/> Other		

**SECTION 2: SELECT AN ACCESSIBLE MEDIA PRODUCER**

<input type="checkbox"/> Foundation for Blind Children	<input checked="" type="checkbox"/> Other: APEL EDUCATION CONSULTANCY 2896 CR 225 Durango, CO 81301
<input type="checkbox"/> Bookshare	
<input type="checkbox"/> Reading for the Blind & Dyslexic	

**SECTION 3: SELECT A FORMAT**

<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print	<input type="checkbox"/> Other: Click to Choose Format
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**SECTION 4: LOCAL EDUCATION AGENCY INFORMATION**

Charter or District Name:	
School Contact: <small>(Name and Title)</small>	
E-mail:	Phone:
_____	_____
SIGNATURE	DATE