



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

Print Disability Verification Letter

The Maryland Accessible Textbook Program (MAT), through the Library for the Blind and Physically Handicapped (LBPH), is a program that is here to assist Maryland college students who are blind or visually impaired or those who have other disabilities that make it difficult to read print. Below you will find a list of the common disabilities that qualify for services rendered by the MAT program. The student requesting services and a qualified individual to render diagnosis must fill out the attached Printed Disability Verification Form. The qualified individual can be one of the following: physician, neurologist, rehabilitation and/or school psychologist, psychiatrist, licensed professional counselor, licensed clinical social worker, and/or practitioners who have been trained in the assessment of the diagnosed disability. The diagnosis must be from an individual who is impartial and not a family member of the student.

- **Visual Impairment including Blindness**
- **Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)**
- **Head Injury/Traumatic Brain Injury**
- **Medical/Physical/Systematic Disorders:** Includes, but is not limited to multiple sclerosis, cerebral palsy, spinal cord injuries, muscular dystrophy, autism, and spina bifida.
- **Specific Learning Disabilities:** Includes, but not limited to, dyslexia, auditory processing disorder, Visual Processing Disorder
- **Psychiatric/Psychological Disorders:** Includes, but is not limited to, depressive disorders, post-traumatic stress disorder, bipolar disorders, and dissociative disorders.

If you have provided your college/university DSS office with the requested disability verification, please have the school issue a letter stating verification for qualification of services.

The Maryland Accessible Textbook Program intends to provide the best and most comprehensive service possible to students who are *print disabled*. Please review the attached forms and email or call us if you have any questions or concerns. Thank you.

Respectfully,

Joseph Beckett, MAT Coordinator

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Maryland Accessible Textbook Program



Maryland State Library for the Blind and Physically Handicapped
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 by the Student

Name: _____

School: _____ Anticipated Date of Graduation: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Point of Contact: _____ Phone Number: _____

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 Physically Handicapped. I understand that this information will remain confidential and will be used only in providing 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. This authorization expires **ONE YEAR** from the date, which appears below.

Student's Signature: _____ Date: _____

Revised October 2017

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 Physically Handicapped

Student Signature: _____

School: _____

Date: _____

***** MAT Program Staff**

I have received this agreement:

MAT Program Staff: _____

Date: _____

Revised October 2017

Section 2: To be completed by physician or other certified/licensed professional

- Please select the specific diagnosis for the student requesting MAT services.
 - Visual Impairment including Blindness
 - Attention Deficit Hyperactivity Disorder (ADHD), or Attention Deficit Disorder (ADD)
 - Head Injury/Traumatic Brain Injury
 - Medical/Physical/Systematic Disorders
 - Specific Learning Disabilities
 - Health Impairments
 - Speech or Language Impairment
 - Psychiatric/Psychological Disorders

- In your professional opinion, will the Maryland Accessible Textbook Program be a suitable fit for the success of the student's ability to do college level work?
 - Yes
 - No

Name: _____

Title: _____

Email Address: _____

Phone: _____ Fax: _____

Professional Credentials: _____

License/Certification Number: _____

Physician or Certified/Licensed Professional Signature

Date

Thank you for your help in providing the requested information that we, the MAT Program staff, needs to begin providing services to the student seeking services. Eligibility for services is heavily based on the documentation provided. Therefore, incomplete or missing information can prevent or delay the provision of services.