



## NIMAS FILE REQUEST FORM

The purpose of this form is to request the release of a National Instructional Materials Accessibility Standard (NIMAS) fileset from the National Instructional Materials Access Center (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> and search by title or by ISBN. The NIMAC does not contain textbooks published prior to 2006.

It is the responsibility of the local education agency (LEA) to ensure that all children receiving alternative media format textbooks or print instructional materials have an IEP and meet the eligibility requirements under the Chafee Amendment. LEAs may be asked to show proof of student(s) eligibility.

Instructions: Download form to your computer, complete all areas, print and sign the completed document, and submit to ADE NIMAC Coordinator by fax to (602) 542-5404 or by email to [atinfo@azed.gov](mailto:atinfo@azed.gov).

After you submit this form to the NIMAC Coordinator, ADE will give your contact information to the accessible media producer (AMP) you designated. *Any contractual relationship to perform work is directly between the LEA and the AMP.* These relationships are outside scope of the Arizona Department of Education (ADE) and the ADE itself is not involved in any way in these negotiations between the LEA and the AMP.

### 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"/> Textbook <input type="checkbox"/> Consumables <input type="checkbox"/> Supplementary reading materials			

### SECTION 2: SELECT AN ACCESSIBLE MEDIA PRODUCER

<input type="checkbox"/> Foundation for Blind Children	<input type="checkbox"/> Other:
<input type="checkbox"/> Bookshare	
<input type="checkbox"/> Learning Ally	

### SECTION 3: SELECT A FORMAT

<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print	<input type="checkbox"/> Other: Click to Choose Format
----------------------------------	--------------------------------------	--

### SECTION 4: LOCAL EDUCATION AGENCY INFORMATION

Charter or District Name:	
School Contact: <span style="display: block; text-align: center; font-size: small;">(Name and Title)</span>	
E-mail:	Phone:
_____	_____
SIGNATURE	DATE