



AMAC Student Agreement

Middle Georgia State University
Disability Services Office

Overview

The [Alternative Media Access Center](#) (AMAC) is an initiative of the [University System of Georgia](#) and is committed to removing barriers and providing access to knowledge for individuals with learning, physical, sensory, and print-related disabilities. [AMAC](#) partners with the educational institution and acts as a conduit through which the institution provides textbooks in a variety of alternative formats.

- The student is responsible for identifying and registering for classes as soon as possible. Once the class has been selected, the student is responsible for obtaining the required reading list, purchasing the texts and providing that information to the Disability Service Provider (“hereinafter, DSP.”)
- The DSP then contacts [AMAC](#) and orders the required texts.
- [AMAC](#) provides the text in the student’s preferred alternative format. However, if the text is not available in that format, then [AMAC](#) will provide the next available format.
- Once the text has been converted, if it is in an electronic format, it is posted online to the student’s account within the [AMAC Student Center](#). The file will be available to the student for the remainder of the current semester.
- [AMAC](#) will notify the recipient of the file transfer using the primary email address on file for the recipient.
- If the material is available on CD, it is transferred to the DSP’s office or mailed directly to the recipient using the most current mailing address on file.

Finally, [AMAC](#) provides a myriad of hardware and software to assist recipients of its services in accessing text in a variety of alternative formats. Some of these tools may be unfamiliar to you. [AMAC](#) has a toll free help line to assist you in using the [hardware](#) and [software](#) that we provide. You may contact the Customer Support line at 1-866-418-2750 to obtain assistance.

Agreement

I, **(student’s legal name)**, understand that I am eligible to receive an accommodation of books in alternative formats through the University System of Georgia Alternative Media Access Center. I also understand that to maintain my eligibility, I must adhere to all of the policies and procedures set forth by the Alternative Media Access Center (“hereinafter, AMAC”) for recipients of books in alternative formats. I therefore agree to:

- _____
- student
initials
- Register early (if possible) for the upcoming semester, which provides sufficient time for textbooks to be converted;
 - Contact each professor or department to find out the title, author, copyright year and ISBN number of any textbook that will be required

for the class;

- Request only required readings to be converted into alternative formats;
- Purchase a personal copy of any textbook for which I request alternative formats;
- Advise my disability service provider immediately if any of my courses are changed or dropped;
- Return all disks, CDs, or other materials provided by AMAC by the last day of the semester during which they are used;
- Delete all electronic files (e-files) that I may have downloaded to my computer by the last day of the semester during which they are used.

student
initials

- I understand that I must provide my disability service provider with all of the following:
 1. A list of required readings prior to the beginning of classes,
 2. A copy of each course syllabus (if available) after classes begin, and
 3. Copies of receipts for textbooks or materials I am requesting.

student
initials

- I understand that AMAC may provide me with certain hardware and/or software to enable me to access my text books in alternative formats. If I am provided with hardware, it must be returned pursuant to the agreement that is provided with the hardware. If I am provided with software I may not share the web site or the password for downloading the software with others. My use of hardware and software provided by AMAC is of limited use and is strictly for the purpose of accessing my textbooks.

student
initials

- I understand that my educational institution is ultimately responsible under the law to provide my accommodations and that AMAC is one of the tools employed by that institution to meet their responsibility.

student
initials

- I understand that any direct communication between me and AMAC is subject to being shared with members of my educational institution.

student
initials

- I understand that materials provided by AMAC are the property of AMAC and may not be reproduced, redistributed or shared in whole or in part at any time.

_____ student
initials

- I understand that if materials provided by AMAC are not returned to AMAC within the agreed upon timeframe, AMAC has the right to notify my educational institution of the unreturned materials, and the educational institution, at its discretion, may take any action that it sees fit, including, but not limited to: flagging my records until the materials are returned, refusing to release my grade in the effected class or any class until the materials are returned, imposing a library fine for each day that the materials are not returned, or, suspending my right to services through AMAC until the materials are returned.

_____ student
initials

- I understand that I will contact my disability service provider or the AMAC Technical Support Department concerning any issue that may arise concerning any software, hardware or books obtained through AMAC.

_____ student
initials

- I understand and agree to the AMAC Agreement and all policies pertaining to my eligibility.

_____ student
initials

- Please be aware that AMAC will require a minimum of three weeks from the receipt of material and agreement forms in order to produce services.

Privacy Agreement

At AMAC, your privacy is our chief concern. We understand that you entrust us with your private medical and/or educational information to help us support you with accommodations.

In exchange for your trust, you expect and deserve our commitment to treat your information with respect. Rest assured that we will protect your privacy. Under no circumstances will AMAC share any personal information about you to or with any person or organization except as authorized by you, to professionals or other parties involved in your transaction.

We want you to be aware of who we are and how AMAC will serve you. Information we may collect on the AMAC website includes your disability type, accommodation needs, and contact information for training support purposes. Your information is used to develop an accommodation profile you will be able to access in a secure online environment. Only electronic materials, accommodation information, and strategies and solutions will be posted on the profile site.

Please review the information on our website to ensure that our services meet your needs.

_____ student
initials

- I grant permission to my Disability Service Office and the Alternative Media Access Center to electronically share information noted on the Participation Agreement and the Materials Request forms between the two agencies.

_____ student
initials

- I am aware that information will not be given or transmitted to anyone other than AMAC and the Disability Services Office at which I am currently enrolled per the AMAC Participation Application date.

_____ student
initials

- I am aware that by agreeing to participate in AMAC services I may be contacted by AMAC production personnel for training and technical assistance.

_____ student
initials

- I am aware that as a result of receiving AMAC services I could be invited to participate in research pertaining to my disability and accommodations, and that I will have the right to refuse participation if I so choose.

Instructions and Signatures

- **By signing this form, you, and your DSP, are affirming that you have documentation on file of the student's disability, as well as copies of receipts for all requested texts.**
- **By signing this form you, the student, are affirming that you have read (or have had read to you) this form, and that you understand and accept the guidelines set forth herein.**

Please print and sign this form. Be sure to make a copy for your records.

Student Signature Print Name Date

DSP Signature Print Name Date

Name of Institution: **Middle Georgia State University**