

Instructional Materials Ordering and Distribution System (IMODS) Member Registration Form

Educators and support personnel employed by a California public school, unified school district, or county office of education serving California public school students with print disabilities or other disabilities should use this form to receive state-adopted instructional materials in accessible formats.

Name of Educational Agency/School: _____

District: _____ Work Email: _____

Work Phone: _____ Other Phone: _____

First & Last Name: _____ Job Title: _____

Work Shipping Address: _____

City, State, Zip: _____

Restrictions:

The username and password will be emailed to the person registering with this form. User IDs and passwords for this service should not be shared. Downloading of files is limited exclusively to registered users. The only legal and authorized use of these files is for the production of specialized formats for qualified students with print disabilities. Registered users are responsible for the appropriate use of these files. The copyrights for these files are the sole property of the original owner. The copyright notice must be output as it appears in the file. These files or their output may not be sold under any circumstances. The original transcriber credit must be output as it appears in the braille file. This notice is required for complete or partial printings. Privileges will be suspended if copyright holders' rights are violated.

I understand and agree to abide by the above restrictions.

Signature of Applicant: _____ Date: _____

The CSMT also distributes American Printing House for the Blind (APH) products and textbooks orders for eligible agencies.

FOR ACCESS TO APH FUNDING FILL OUT THIS PORTION -All others may skip this section.

The Account Administrator is the individual from your agency assigned and approved to authorize IMODS/APH orders. Each agency will have only one Account Administrator, and the Account Administrator must email this form to CSMT. If you do not know who your Account Administrator is, contact CSMT.

Name of the Account Administrator: _____

Signature of Account Administrator: _____ Date: _____

Job Title: _____ Work Phone: _____

Email: _____

Please keep your account information current by notifying CSMT staff immediately of any changes (i.e., change in Account Administrator, phone number, email address, etc.)

CALIFORNIA DEPARTMENT OF EDUCATION
Clearinghouse for Specialized Media and Technology (CSMT)
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Email completed forms to: csmt@cde.ca.gov

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