

Disability Request Form

Please provide all of the following information to ensure a timely response. The completed form may be submitted by email, fax, or mail. Please allow **two weeks** for a response to your disability request.

| Heinemann Publication | |
|-----------------------|---------------------------|
| Title | Click here to enter text. |
| Author | Click here to enter text. |
| Copyright Year | Click here to enter text. |
| ISBN | Click here to enter text. |

| School Information | |
|--|---------------------------|
| College/University/School Name and Address | Click here to enter text. |
| Course/Class | Click here to enter text. |
| Semester, if applicable | Click here to enter text. |
| Software Used to Read File, if available | Click here to enter text. |

| Contact Information | |
|--------------------------|---------------------------|
| First & Last Name; Title | Click here to enter text. |
| Email | Click here to enter text. |
| Phone | Click here to enter text. |

Please submit form to:
permissions@heinemann.com

Fax: (603) 431-7840
Heinemann
Permissions Department
361 Hanover Street
Portsmouth, NH 03801