

Please Print or Type — Return by September 30

School Name _____

School Address _____

City _____ ZIP _____

Telephone _____ Email _____

School Year _____ — _____ Teacher _____

TO BE COMPLETED BY CERTIFYING AUTHORITY

Please provide information on the students in this classroom who will use materials from the Talking Book and Braille Service during the current school year. Duplicate this form as necessary to list all students. **Schools requesting service for students with reading disabilities must submit an individual application for each student that includes certification by a doctor of medicine or osteopathy. Download applications at www.ilbph.org.** Return the form(s) to the Illinois Talking Book Outreach Center (all Illinois schools except for schools in Chicago) or the Illinois State Library Talking Book and Braille Service (Chicago schools).

1. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

2. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

3. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

4. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

5. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

6. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

7. Student's Name _____

Qualifying Disability: Visual Physical

Date of Birth _____ Grade _____ Reading Level/Range _____

I certify that the school institution named serves these students who are unable to use standard print material because of blindness, visual impairment or physical limitations. I further certify that the reading materials and equipment borrowed will be used by such person(s) only.

Signature _____ Date _____

Please print or type Name _____

RETURN FORM TO:

Illinois Talking Book

Outreach Center

125 Tower Dr.

Burr Ridge, IL 60527

800-426-0709

Fax: 630-734-5055

info@illinoistalkingbooks.org

Illinois State Library

Talking Book and Braille Service

300 S. Second St.

Springfield, IL 62701

800-757-4654

Fax: 217-782-6062

islbbbs@ilsos.net