

Please Print or Type — Return by October 15

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 State Library Talking Book and Braille Service.

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 State Library

Talking Book and Braille Service

300 S. Second St.

Springfield, IL 62701

800-426-0709

800-757-4654

Fax: 217-782-6062

islbbbs@ilsos.net