

ARIZONA TALKING BOOK LIBRARY

Annual Application for Educational Institution (School Applications effective September - June)

School Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Phone: _____ Ext: _____ Email: _____

SCHOOL LEVEL:

_____ Elementary School School Year Begins: _____ / _____ / _____

_____ Middle School School Year Ends: _____ / _____ / _____

_____ High School

TYPES OF SERVICE REQUESTED:

_____ Books on Digital Cartridge -- Includes one Standard Digital Player

_____ Magazines on Digital Cartridge -- Magazines List will be mailed to you

_____ BARD (Braille and Audio Recording Download)

_____ Braille _____ Web-Braille

READER PROFILE – Check what applies to those who will be using the service:

Books Should be in: English _____ Other _____
Spanish _____

Reading Level: Juvenile (Check all that apply)
P-3 _____ 4-7 _____
2-6 _____ 5-9 _____
Young Adult _____
Adult _____

Please Send Us Books from the Following Subject Areas:

Subjects:

- | | |
|---|--|
| _____ Adventure (Fiction) ADV | _____ History HST |
| _____ Adventure (Non-Fiction) ADVN, DISNF | _____ History, (U. S.) HUS |
| _____ Animals (Fiction) ANM | _____ Horror Stories HOR |
| _____ Animals (Nonfiction) ZOO | _____ Humor HUMF, HUMNF |
| _____ Arizona (Fiction) AZIH, AZIM, AZIW | _____ Music MUS, ABIM, BIM |
| _____ Arizona (Nonfiction) AZNF, AZNFH, AZNFT | _____ Mysteries MYS, MYSA, MYSB |
| _____ Autobiography ABI | _____ Nature (Nonfiction) NAT |
| _____ Best Sellers (Fiction) BEF | _____ Newbery/Caldecott Awards AWNC |
| _____ Best Sellers (Nonfiction) BEN | _____ Paranormal Fiction PARA |
| _____ Biography BIO | _____ Poetry POE, POE |
| _____ Books in Spanish SPL | _____ Religion REL, BIB, CHNF, LDS |
| _____ Classics CLA | _____ Romance Stories ROM |
| _____ Current Events CUR | _____ Science Fiction SCF |
| _____ Family Stories FAM | _____ Short Stories SST |
| _____ Fantasy Fiction FAN | _____ Sports SPO, ABIS, BiS, SPB, SPF, SPK |
| _____ Folktales, Myths, Fairytales FOL | _____ Travel TRA, TRAH |
| _____ Historical Fiction HIF | _____ Travel (U. S.) TRAUS |
| _____ Historical Fiction (U. S.) HIFUS, PIO | _____ Westerns WES |

_____ Library may select books for this account from the Subject Areas marked above.

_____ Send only books that we order (at least 4 books per year to retain equipment.)

AUTHORIZATION SIGNATURE

I certify that this agency regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request an Institutional account with the Arizona State Braille and Talking Book Library in order to provide these individuals with the opportunity to enjoy recorded materials.

ADMINISTRATOR'S Signature: _____ Date: _____
(Principal, Superintendent, etc.)

Printed Name: _____

Title: _____ Phone: _____

MAIL COMPLETED APPLICATION AND CERTIFICATION FORM TO:

Arizona Talking Book Library
1030 N. 32nd Street
Phoenix, Arizona 85008