

ARIZONA TALKING BOOK LIBRARY

Annual Student Certification Form For Service to Public or Private Schools

The following student will be served by:

SCHOOL NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____

CONTACT PERSON _____ TITLE _____

EMAIL _____

STUDENT NAME _____ DOB _____

ADDRESS (HOME) _____

CITY _____ STATE _____ ZIP + 4 _____

PHONE _____ ALT PHONE _____

EMAIL _____ ALT EMAIL _____

READING GRADE LEVEL _____

DO YOU ALSO WANT THE STUDENT TO HAVE AN INDIVIDUAL ACCOUNT? YES _____ NO _____
(IF STUDENT DOES NOT ALREADY HAVE A BTBL ACCOUNT)

DISABILITY:

_____ VISUAL HANDICAP (not able to read print with corrective lenses)

_____ LEGALLY BLIND

_____ PHYSICAL HANDICAP (not able to hold book/turn pages)

_____ READING DISABILITY CAUSED FROM ORGANIC DYSFUNCTION

This disability must be certified by a medical doctor.

DISABILITY STATEMENT: Please include a brief written statement of student's disability and/or Medical Doctor's certification for student with reading disability caused by organic dysfunction.

THIS PORTION MUST BE COMPLETED OR THE APPLICATION WILL BE RETURNED TO YOU!

Certified by (please print) _____

Title _____ Date _____

Signature _____ Phone _____ Ext _____

Email _____