



BRAILLE INSTITUTE LIBRARY SERVICES

APPLICATION FOR FREE LIBRARY SERVICES

(323) 660-3880 OR TOLL-FREE 1-800-808-2555 ■

www.brailleinstitute.org/library ■ bils@brailleinstitute.org

FOR OFFICE USE ONLY	
PATID	_____
BARCODE	_____

Please type or print using black ink. Mail the completed original application to address on the back.

Name: _____

Address: _____ Apt/Space #: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell/Work Phone: _____

Date of Birth: _____ Email Address: _____

Sex: Male Female Juvenile (17 years or younger)

Contact Person (in case you cannot be reached):

Name: _____ Phone: _____

In the lending of books and equipment, preference is given, by law, to veterans. Please check here if you have been honorably discharged from the Armed Forces of the United States.

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Indicate the disability preventing you from reading standard printed material:

- BLINDNESS** Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- VISUAL IMPAIRMENT** Inability to read standard printed materials without special aids or devices other than regular glasses.
- PHYSICAL DISABILITY** Inability to read or use standard printed materials as a result of physical limitations, e.g. paralysis, missing extremities, extreme weakness.
- READING/LEARNING DISABILITY** Organic dysfunction of sufficient severity to as to prevent reading printed material in a normal manner. *Please note: Only DOCTORS OF MEDICINE (MD) are defined as competent authorities in cases of reading/learning disability.*
- DEAF/BLIND** Hearing impairment is: Moderate Profound

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To be completed by certifying authority (doctor, nurse, librarian, social worker): "I certify that the applicant named is unable to read or use standard printed material for reason(s) indicated above."

FOR OFFICE USE ONLY	
REGISTERED	_____
<input type="checkbox"/> SCL/LBR/TBT	_____
<input type="checkbox"/> CATALOG	_____
BOOK ORDER	_____
DTB #	_____
CBM #	_____
MCH DATE	_____
TRP	_____

Name of Certifying Authority (please print)

Signature of Certifying Authority

Title and Occupation

Date

Name of Facility/Organization/Office

Address

City State ZIP Code

Telephone

Check those you wish to receive:

SERVICES:

- Braille Books
- Braille Magazines
- Audio Books recorded in digital format
- Braille & Audio Reading Download (BARD)
- WebOPAC (Online Ordering)
- Telephone Reader Program (recorded news)

LANGUAGE:

- English
- Spanish
- Other: _____

NOTE: The following restrictions are optional – check only if applicable.

I DO NOT wish to receive books with: Violence Sex Strong Language

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Playback equipment and special attachments are supplied to eligible readers on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to Braille Institute Library Services.

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**** All patron records pertaining to this service will remain confidential. ****

-----Fold here, tape bottom of the page securely and return to the address below-----

<p>Free Matter for the Blind And Physically Handicapped Postal Manual Part 138</p>
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BRaille INSTITUTE LIBRARY SERVICES
ATTN: LIBRARY REGISTRATION
741 NORTH VERMONT AVENUE
LOS ANGELES, CA 90029-3594