

APPLICATION FOR TALKING BOOK SERVICE

Library registration and circulation records are confidential and protected by law.

Please Print:

Name: (first) _____ (last) _____ (m.i.) _____

Address: _____ Apt. Number: _____

City: _____ County: BROWARD Zip Code: _____ State: FL

Telephone Number: (____) _____ E-mail: _____

____/____/____ Sex: M or F U.S. Veteran Student _____

Date of Birth _____ Grade _____

Please give the name of a contact person to call if we cannot reach you:

Name: _____ Telephone Number: (____) _____

I would like to borrow: cassette player for Talking Books on tape Braille

Accessories: headphones amplified headphones (ask for audiologist form)
 extension levers breath switch pillow speaker

I would like you to select books for me (see other side).

- OR -

Send only the books I request. Do not select books for me.

I want the catalogs in large print on cassette in braille

CERTIFICATION OF ELIGIBILITY

Please have a doctor, nurse, optometrist, counselor, teacher or other qualified person complete this section or attach a letter from your doctor about your condition.

I certify that the applicant cannot use ordinary reading materials. He/she is:

legally blind visually impaired deaf and blind

physically unable to hold a book or turn pages (paralysis, arthritis, etc.)

diagnosed with a reading disability that has a physical basis caused by an organic dysfunction. Non-organic factors must be ruled out for applicants with adequate visual acuity for reading standard print. Only doctors of medicine or osteopathy may certify applicants with reading disabilities.

Certified by: _____ Title: _____
(signature)

Print or type name: _____ Fax: (____) _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____



**TO: BROWARD COUNTY LIBRARIES DIVISION
TALKING BOOK LIBRARY
100 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33301**

FROM:

FREE MATTER FOR THE
BLIND OR HANDICAPPED



TO HELP US PICK BOOKS FOR YOU, PLEASE COMPLETE THE FOLLOWING:

I want English only I want books in _____ only I want both
I want: Juvenile Books Young Adult Books Adult Books

I DO NOT WANT: Books with Explicit Sex Books with Strong Language
 Books with Violence Long Books Other _____

FAVORITE AUTHORS: _____

FICTION: Romance Westerns Humor Science Fiction Mysteries
 Spy Family Sagas Jewish Christian Other _____

NON-FICTION: Travel Politics U.S. History World History Health
 Sports Biography Science the Arts Other _____

MAGAZINES: U.S. News & World Report Reader's Digest Newsweek
 Send me a magazine catalog Call me about what magazines I can order

Please call us at **954-357-7555** for further assistance.

Broward County Talking Book Library is a cooperating library in the Library of Congress National Library Service for the Blind and Physically Handicapped Network, a partner with the Bureau of Braille and Talking Book Library Services in Daytona Beach, and a service of the Broward County Board of County Commissioners.

Talking Books Application Form



TO:

**BROWARD COUNTY
TALKING BOOK LIBRARY
100 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FLORIDA 33301-1826**

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BLIND OR HANDICAPPED