

GREETINGS FROM THE TALKING BOOK PROGRAM!

Thank you for your interest in our library service for reading disabilities. We look forward to working with you to set up your BARD Mobile app account on your smartphone or tablet. BARD Mobile gives immediate access to free books and magazines that will best meet your reading interests and needs.

PLEASE PRINT CLEARLY

Student

Name: _____ **Sex:** F M
 First Middle Last

Address: _____

City: _____ **TX** **Zip:** _____

Phone: _____
 home phone E-mail

Birth Year: _____ **Primary Language:** English Spanish

Parent /Guardian

Name: _____ **Phone:** _____

APPLICANT AGREEMENT

Texas Talking Book Program readers agree to:

1. Promptly notify the library of any changes to contact information, including email address, telephone number and address.
2. Download at least one book or magazine within every 6 months to prevent suspension of your BARD account.
3. Take reasonable care of any borrowed equipment or materials and notify the library of any damage or loss.
4. Notify the library if you are no longer using the service and return any borrowed materials at that time.
5. Abide by the rules and policies of the Texas Talking Book Program.

By submitting this application, I agree to follow these rules.

Signature of applicant or guardian X _____

(If applicant is under the age of 14, a parent/guardian signature is required.)

School Contact (if applicable):

Name: _____ **School District:** _____

Phone: _____ **Email:** _____

How did you learn about the Talking Book Program? _____



Braille and Audio Reading Download (BARD)

The free BARD Mobile app is available at the App Store for iOS, the Play Store for Android or the Amazon Appstore for Kindle Fire.

TO BE COMPLETED BY CERTIFYING AUTHORITY

Certifying authority is defined to include doctors of medicine and osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g., reading specialists, dyslexia specialists, speech-language pathologists, social workers, case workers, counselors, rehabilitation counselors, teachers and superintendents). In the absence of any of these, certification may be made by professional librarians or any person whose competence under specific circumstances is acceptable to the Library of Congress. Certifying authorities are not permitted to certify relatives. Please fill out the following information completely.

I certify that the named applicant requesting library service experiences difficulty reading or using regular printed material primarily due to a reading disability such as dyslexia.

Signature: _____ Title: _____

original signature is required

Name: _____ Organization: _____

please print

Address: _____ **TX** _____
City State Zip

Phone: _____ Email: _____

Date: _____

Please send this completed application to:
Talking Book Program, PO Box 12927, Austin TX 78711-2927
Fax to 512-936-0685 or email to tbp.services@tsl.texas.gov