

TALKING BOOK PROGRAM
Texas State Library and Archives Commission

1-800-252-9605 or 512-463-5458 in Austin
Hours: Mon-Fri 8:00 a.m. to 5:00 p.m.
Fax: 512-936-0685
Email: tbp.services@tsl.texas.gov

**INSTITUTIONAL
APPLICATION**



The Texas State Library and Archives Commission (TSLAC) provides library services to Texans who are unable to read standard print due to a visual, physical, or reading disability. Institutions serving eligible readers can also participate in this free service. To register, complete the application below and return it to the **Talking Book Program by mail, email, or fax**. Information required for borrowing of Library of Congress materials will be kept confidential.

PRINT CLEARLY OR TYPE

Name of Institution: _____

Address: _____

City: _____ **TX Zip:** _____

Contact Person*: _____

please print

Phone: _____ **Email:** _____

Language English Spanish Other (*specify*) _____

As designated contact person, I understand that I am responsible for all reading materials and equipment borrowed by this institution. I certify that books and machines will not be transferred, nor used by persons other than those qualifying for this service based on eligibility criteria on the reverse of this form. I further certify that if, at any time, this institution no longer serves persons who are eligible for library service, all materials and equipment will be returned.

Signature: _____ **Title:** _____

Email: _____

*Please advise TBP if the institution's contact person should change.

ELIGIBILITY CRITERIA:

For each category below, indicate the **number** of eligible readers to be served.

- Blindness** #: _____ An individual who is blind.
- Visual Disability** #: _____ An individual who has a visual impairment that makes them unable to comfortably read standard print books.
- Physical Disability** #: _____ An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.
- Reading Disability** #: _____ An individual who has a perceptual or reading disability.
- Deaf and Blind** #: _____ Hearing impairment is: moderate profound

TO BE COMPLETED BY CERTIFYING AUTHORITY

Eligibility must be certified by one of the following: public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, dyslexia specialist, school psychologist, superintendent, or librarian), registered nurse, therapist, professional staff of hospitals, institutions, doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, or psychologist. Certifying authorities are not permitted to certify relatives. **Please fill out the following information completely.**

I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated above.

Signature: _____ **Title:** _____
electronic typed signature accepted

Name: _____ **Organization:** _____
please print

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

Phone: _____ **Email:** _____
work

Date: _____