

Application for Service

Audio-Reader
P.O. Box 847
Lawrence KS 66044

1.800.772.8898
Fax 785.864.5278
<http://reader.ku.edu>

Name: _____
Prefix Last First Initial

Institution or Facility (if applicable): _____

Address: _____ Phone: _____
Street (include room or apartment number)

_____ Birth Date: ____/____/____
City State Zip mm dd yyyy

Your e-mail address: _____ @ _____

Check here if applying for RADIO service, and fill out this section:

Do you have a cable TV connection? Yes No

Select how you'd like to receive your monthly Audio-Reader Program Guide: Large print Braille Email

Please provide the name, address and phone number of a relative or friend who does **not** live at the same address. Although your Audio-Reader radio is loaned to you for as long as you need it, it remains our property. We **require** this information should it become impossible for us to contact you. You or your contact will be responsible for the return of the radio when it is no longer needed.

Name: _____ Phone: _____

Address: _____

Relationship to applicant: _____

Please complete both sides of this form

Check here if applying for TELEPHONE READER service

Upon receipt of your application, we will send you an information packet that will include your identification number and operating instructions.

Send instructions in: Braille Large print Cassette Email

Certification

This certification is required for radio reading services in order to comply with federal copyright laws.

To be completed by a physician, nurse, librarian or social worker:

I certify that the above named applicant cannot read or effectively use printed materials as a result of the following condition(s):

Blindness Macular Degeneration Diminished Vision
 Dyslexia Other _____

Signature: _____ Title: _____

Phone number: _____

MAY 9, 2007

Signature

I have signed below, or have **personally requested** this service and authorized this application be signed on my behalf.

Signature of applicant: _____ Date: _____

Send to:

Audio-Reader
P.O. Box 847
Lawrence KS 66044

Or fax to
785.864.5278

For Office Use Only:

ID # _____

Security # _____

Info sent _____

On the web at
<http://reader.ku.edu>