

Application for Service

Audio-Reader
PO Box 847
Lawrence, KS 66044

Call 800-772-8898
Fax 785-864-4053
On the web, <http://reader.ku.edu>

Name: _____
Prefix Last First Initial

Institution/Facility (if applicable): _____

Address: _____ Phone _____
Street (include room/apartment #)

_____ Birth Date: _____
City State Zip

Your E-mail address: _____ @ _____

Check here if applying for Radio service and fill out this section

Do you have a cable TV connection? _____

Select how you'd like to receive your Audio-Reader Program Guide:

Large Print___ Braille___ Email___

Please provide the name, address and phone number of a relative or friend. 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. 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 which will include your identification number and operating instructions.

Please send instructions in: __Braille __Large Print __Cassette __Email

Certification

This is to be completed by a physician, nurse, librarian, or social worker.

This certification is required for radio reading services by Federal law.

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

Signature: _____ Title: _____

Phone number: _____

Signature

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

Signature of applicant

Date

For Office Use Only:

I.D.# _____

Security# _____

Info Sent _____

Send to:

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