

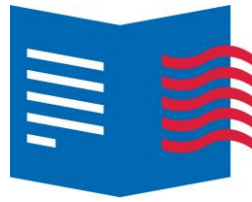
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**Audio-Reader Network**1120 West 11<sup>th</sup> Street

Lawrence, KS 66044

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

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**KU** AUDIO-READER  
The University of Kansas**Application for Service**

*The Kansas Audio-Reader Network is an audio information service for print-disabled persons in Kansas and Missouri. Services are offered free of charge to anyone in our listening area who is unable to read standard, printed material.*

**Name** \_\_\_\_\_  
Prefix      LAST                              FIRST                              Initial

**Institution/Facility** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**DOB** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**APPLICANT SIGNATURE**

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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<Please complete BOTH sides of this form>

## SERVICES

Check the services for which you wish to apply:

- RADIO service**  
 **Telephone Reader** news service  
 **Internet stream** (no radio)  
 **Special request** recordings (no radio)  
 **Audio-description** of area events

## CERTIFICATION

Certification is required to ensure compliance with federal law. To be completed by a physician, nurse, librarian, social worker, or other informed party.

*I certify that the applicant on this form cannot read or effectively use printed reading material due to the following condition(s):*

- Blindness       Macular Degeneration  
 Dyslexia       Glaucoma  
 Physical Limitation       Diabetic Retinopathy  
 Other \_\_\_\_\_

**Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

## FORMAT PREFERENCE

Check how you would like to receive our information:

- Large print**       **E-mail**       **Braille**

### For Office Use

DB \_\_\_\_\_  
Radio Manufacturer / Model / Frequency / NOTES

TR \_\_\_\_\_  
ID# / SECURITY # / INFO Sent Date / NOTES