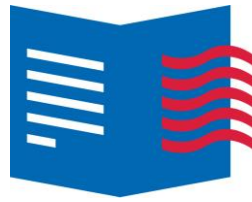

Audio-Reader Network1120 West 11th Street

Lawrence, KS 66044

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

**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** _____

<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