



AUDIO-READER
Sharing the Gift of Sight Through Sound

1120 W 11th St., Lawrence, KS 66044
785-864-4600 | 800-772-8898
reader.ku.edu | reader@ku.edu

Application for Service

Audio-Reader is a free service providing audio versions of newspapers, magazines, store ads, books, and special requests for individuals with difficulty reading standard print. For access to our services through a **Closed Circuit Radio** or an **Amazon Echo Dot**, please submit an application for service, and we will mail the chosen device to you.

Completed forms can be mailed to 1120 W 11th St.; Lawrence, KS 66044 or emailed to mkehr@ku.edu. If you have trouble using the form or would like to sign up over the phone, call Martha at 785-864-2900 or 1-800-772-8898. This form is also available at <http://reader.ku.edu/application-service>.

Name _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Facility Name (if applicable) _____

Phone _____ **Birthdate** _____

FORMAT PREFERENCES

Which services are you applying for (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Closed Circuit Radio | <input type="checkbox"/> Amazon Echo Dot (Alexa Skill) |
| <input type="checkbox"/> Telephone Reader Code | <input type="checkbox"/> Special Request |
| <input type="checkbox"/> Audio Description | <input type="checkbox"/> Other _____ |

How would you like to receive the quarterly Program Guide?

- ☐ **Large print** ☐ **Braille** ☐ **Email** _____

How would you like to receive communications from Audio-Reader?

☐ **Phone** ☐ **Email** ☐ **Mail**

How did you hear about Audio-Reader?

CERTIFICATION

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

_____ Blindness

_____ Diabetic Retinopathy

_____ Dyslexia

_____ Glaucoma

_____ Low Vision

_____ Macular Degeneration

_____ Physical Disability

_____ Other _____

Name of certifying person _____

Title/relationship _____

E-mail _____ **Phone** _____

APPLICANT SIGNATURE

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

Signature _____ **Date** _____

Questions/Comments _____

Thank you for joining the Audio-Reader Network!