

Arizona State Braille and Talking Book Library

Application for Institutional Services Demonstration Purposes Only

Agency Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Telephone Number: _____ Ext: _____

Contact's Email: _____

Type of Agency:

_____ Nursing Home

_____ Hospital

_____ Library

_____ Other: _____

Types of Service Requested:

Digital Player – Maximum: one (1) of each model

_____ Advanced Model (DA1) _____ Standard Model (DS1)

_____ BARD (Braille and Audio Reading Download) Access

Reader Profile - Check what applies to those who will be using the service

Books should be in: _____ English _____ Spanish
_____ Other: _____

Restrictions: _____ No explicit descriptions of violence
_____ No explicit descriptions of sex
_____ No strong language

Reading Level: _____ Juvenile (Check all that apply)
_____ P-3, _____ 2-6, _____ 4-7, _____ 5-9
_____ Young Adult
_____ Adult

(over)

Authorization Signature

I certify that this agency regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request an institutional account with the Arizona State Braille and Talking Book Library in order to provide these individuals with the opportunity to enjoy recorded materials.

Date: _____

ADMINISTRATOR'S Signature: _____
(Other than contact person)

Printed Name: _____

Title: _____ **Phone:** _____ **XT:** _____

Administrator's Email: _____

Mail completed application to:

Arizona State Braille and Talking Book Library
1030 N. 32nd Street
Phoenix, Arizona 85008
(602) 255-5578 • 1-800-255-5578 (Outside Phoenix, AZ Only)
Attn: Michael Usrey
musrey@azlibrary.gov

For more information about the library visit the website at
www.azlibrary.gov/talkingbooks

Arizona State Library, a Division of the Secretary of State