Readings for the Blind
Application for Services *For Individuals*

Applicant's LAST name_____ FIRST name_____

Please circle one: Dr. Mr. Mrs. Ms. Other: _____

Guardian/Parent's name, if applicant is under age 18:
Please circle one: Dr. Mr. Mrs. Ms.

Parent's first name _____ Parent's last name_____

Home Address_____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

E-Mail_____ Fax Number _____

Please choose one:
_____I will **borrow** the recordings for a three (3) month period and return them to RFTB
($5 per recording borrow fee will be billed)
_____I will **purchase/pay** for the recordings sent to me from RFTB
($5 per tape/cd purchase fee will be billed when recording is completed)

Please send bills to:
Name:_____Phone: _____

Address:_____City _____State _____ Zip _____

Please choose one:
_____ Compact Disc (CD)
_____ Tapes recorded on 2 tracks (standard format, can be used in any tape player)
_____ Tapes recorded on 4 tracks (specialized format for the blind, requires a special tape player)

Will Braille labels be required? _____Yes _____ No

Applicant's Disability:
_____ Blind or visually impaired _____ Learning disabled
_____ Physically challenged/other. Please explain: _____

Signature_____ **Date**_____

MAIL to: Readings for the Blind, 29350 Southfield Road, Suite 130, Southfield, MI 48076
Questions? Call 248-557-7776

PLEASE INCLUDE THE
$10 RECORDING FEE FOR EACH RECORDING REQUEST

Readings for the Blind
Verification of Disability *For Individuals*

RFTB is a private, non-profit organization that records material (not available commercially) for the visually, physically and learning disabled. Verification of disability is required to meet copyright laws.

Applicant's LAST name: _____ FIRST name: _____

Phone Number: ( ) _____

Disability:
_____ Visual impairment /blindness
_____ Learning disability
_____ Physical disability (unable to hold a book or turn a page)

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Option 1
If you receive audio books from Recording for the Blind and Dyslexic (RFB&D) or the Library for the Blind and Physically Handicapped, you are automatically eligible for our services. Check which service(s) you use:

☐ RFB&D member. User ID: _____
☐ Library for the Blind and Physically Handicapped Talking Books recipient.

I give permission to RFB&D and/or The Library for the Blind and Physically Handicapped to verify my eligibility for services.

Signature: _____ Date: _____

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Option 2
Have a qualified professional verify your disability.
Acceptable signatures include doctor, nurse, optometrist, ophthalmologist, therapist, teacher, social worker or other professional or school personnel (not parents or clergy).

I verify that the applicant is unable to read or use standard print material due to the disability checked above.

Signature: _____ Date: _____

Print name: _____Title: _____

Address: _____

Phone number: (_____)_____

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Readings for the Blind
Copyright Acknowledgement
For Individuals

Please read the following statements and sign the bottom of the form.
All three pages of the application must be in our office BEFORE
you can receive recordings from Readings for the Blind.

I understand that recordings sent to me from Readings for the Blind (RFTB) contain copyrighted material.

I agree not to reproduce, permit reproduction, sell or loan any recordings received from RFTB.

Users who violate this agreement will lose access to RFTB recordings and may suffer other legal consequences from copyright holders as a result of their actions.

Signature: _____ Date: _____

Print Name: _____

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