Readings for the Blind
Application for Services
For Teachers and Other Professionals

Name of School/Organization_____

Contact's LAST Name _____ FIRST Name _____

Job Title/Department_____

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

Mailing address_____

City_____State_____Zip _____

Telephone (_____)_____ Fax (_____)_____ E-Mail_____

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 tap/cd purchase fee will be billed when recording is completed)

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 on the recordings? _____Yes _____ No

The students I work with are usually:
_____Blind or visually impaired _____Learning disabled
_____Physically challenged/other. Please explain: _____

How did you hear about Readings for the Blind? _____

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 RECODING FEE FOR EACH RECORDING REQUEST

Readings for the Blind
Verification of Disability
For Teachers and Professionals

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

School or Organization name: _____

Contact's LAST name: _____FIRST name:_____

Phone Number: ( ) _____

Type of school or organization:
☐ Elementary School
☐ Middle or Junior High School
☐ High School
☐ College/University
☐ Public Library
☐ Other, please explain: _____

The students or individuals I work with have the following disabilities:
(Check all that apply)
_____Visual impairment/blindness _____ Learning disability
_____ Physical disability (unable to hold a book or turn a page)

I verify that I will only provide RFTB recordings to students or others who meet the RFTB criteria for disability (visually impaired, learning disabled or physically unable to hold a book or turn a page). **Acceptable signatures include teachers, librarians, social workers, therapists, or other school personnel (not parents).**

Signature: _____

Print name: _____

Job Title/Department: _____

Address: _____

Phone number: (_____) _____

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Readings for the Blind
Copyright Acknowledgement
For Teachers and other Professionals

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 from Readings for the Blind (RFTB) contain copyrighted material.
- I agree to provide RFTB recordings only to individuals who meet the eligibility requirements of RFTB (blind, visually impaired, learning disabled or physically unable to hold a book or turn a page).
- I agree not to reproduce, permit reproduction, sell or loan any recordings received from RFTB.
- I will inform all users of RFTB recordings of these copyright restrictions.
- 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.

School/Organization Name:_____

Signature: _____

Print Name: _____

Title/Department: _____

Date: _____

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