



Name (Last) _____ (First) _____ (M.I.) _____

Care Of (If applicable) _____

Fill out both addresses below, then check which one you want us to use at first.
You may switch between addresses depending on the season.

School Address _____

City _____ County _____ State _____ ZIP _____

Teacher Phone (____) _____ E-mail _____

Home Address _____

City _____ County _____ State _____ ZIP _____

Home Phone (____) _____ E-mail _____

Date of Birth ____ / ____ / ____ Female Male Non-Binary

How did you hear about Talking Books? _____

What book formats are you interested in? Audio Braille

How would you like to get books?

Select books for me based on my reading preferences marked on page 2.

Only send me the specific titles I ask for (skip to page 3).

I will download the books I want; no books through the mail (skip to page 3).

Please submit your completed application by mail, fax, or scan/email

**Talking Book and
Braille Library**
State Library of Oregon
250 Winter Street NE
Salem, OR 97301

Toll Free (in state): 800-452-0292
Phone: 503-378-5389
Fax: 503-373-7439
Email: talkingbooks.info@slo.oregon.gov
Web: TalkingBooks.Oregon.gov

NOTE: Books and magazines are recorded in a special format. **All new users receive the necessary audio book player required to play our audio books for free on extended loan from Talking Books.** Below are the additional optional services and accessories our library makes available to interested users.

- Downloadable books and magazines (BARD):
Computer downloads to flash drive or blank cartridge
BARD Mobile app for iOS and Android devices
- Magazines: Audio Braille
- Non-Partisan Voters' Guide: Audio Large Print
(must be 18 or older; state-wide elections only)
- NFB-Newsline®
- Descriptive Videos

Accessories:

USB Port Adaptor: positions a flash drive flush along the side of the player instead of having it stick straight out. Only needed if you plan to download books using BARD and load them onto a flash drive.

Blank Cartridge Cable: three-foot USB cable that connects a blank cartridge to your computer. Only needed if you plan to download books using BARD and load them onto a blank cartridge.

Headphones: on-ear stereo headphones.

Pillow Speaker: discretely projects audio into a pillow.

Return of Equipment and Accessories

Playback equipment and accessories are the property of the U.S. Government and are supplied to eligible persons for free on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the National Library Service and its network libraries, it must be returned to the issuing library. **One recorded book or one recorded magazine must be borrowed or downloaded annually to retain use of equipment and accessories.**

Page 4: Certification of Eligibility

All applications must be signed by a doctor, nurse, therapist, librarian, educator, social or case worker, activity director, or other professional staff of a hospital, care facility, or social welfare agency at the bottom of this page to certify your eligibility. Qualified library users must be residents of the United States or United States citizens living abroad.

1. Legally Blind

2. **Visually Impaired:** persons who need aids other than regular glasses for reading standard printed materials. Common examples include (but are not limited to): macular degeneration, glaucoma, cataracts, diabetic retinopathy, etc.

3. **Physically Impaired:** persons unable to read or unable to use standard printed material as a result of physical limitations. Common examples include (but are not limited to): multiple sclerosis, stroke, Parkinson's, paraplegia, etc.

4. Deaf-Blind

5. **Reading Impaired:** persons having a perceptual impairment of sufficient severity to prevent their reading in a normal manner. Common examples include (but are not limited to): dyslexia, dysphasia, after effects of a traumatic brain injury, etc.

NOTE: Section below to be completed by certifying authority (see paragraph at top of page). **Family member or self-certification NOT accepted.**

I certify that the applicant is unable to read or use standard printed material for the reason(s) indicated above. -----

Certifier's Full Name

Title/Occupation

Certifier's Signature

Date

Street _____ City _____ State _____ Zip _____

Certifier's Email

Certifier's Phone