



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

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: 503-585-8059
Email: talkingbooks.info@state.or.us
Web: www.ORTalkingBooks.org

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.**

Please have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, care giver, therapist, librarian, teacher, activity director, or other professional staff of a hospital, care facility, or social welfare agency sign at the bottom of this page to certify your eligibility (**see #5: Reading Disability for exception**). Qualified library users must be residents of the United States or United States citizens living abroad.

1. **Legally Blind**—persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

2. **Visually Disabled**—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 Disabled**—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-Blindness**

5. **Reading Disabled**—persons having a reading disability (i.e. neurological dyslexia) resulting from an organic dysfunction and of sufficient severity to prevent them from reading printed matter in a normal manner. **Please Note: in category 5 only - Reading Disabled - eligibility must be certified by a doctor of medicine (MD) or osteopathy (DO).**

NOTE: Section below to be completed by certifying authority. Family member or self-certification NOT accepted

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

Certifier’s Printed Name and Title/Occupation

Certifier’s Signature

Telephone

Street _____ City _____ State _____ ZIP _____