



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

Alternate Contact (Name/Relation) _____

Phone (____) _____ E-mail _____

How did you hear about Talking Books? _____

What device do you want to use?

Accessories:

Digital player (Talking Books provided)

USB Adaptor / Cable

Mobile device (personal or school provided)

Headphones

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

**Talking Book and
Braille Library**
Oregon State Library
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

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