

**TEXTBOOK ORDER**

SDSL Accessible Library Services  
MERCEDES MACKAY BUILDING  
800 GOVERNORS DRIVE  
PIERRE SD 57501-2235  
Local Telephone (605) 773-3131  
Toll Free: 1-800-423-6665  
Fax (605) 773-6962  
Web Site: library.sd.gov/ALS

Date order received: \_\_\_\_\_

Date order processed: \_\_\_\_\_

Student Library ID#: \_\_\_\_\_

Orders received after **January 15**, will not be assured shipment by the beginning of the school term.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

School Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

PO Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: \_\_\_\_\_

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Summer Contact Name: \_\_\_\_\_

Summer Street Address: \_\_\_\_\_

Summer PO Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: \_\_\_\_\_

**ALL INFORMATION MUST BE OBTAINED FROM THE  
STUDENT COPY OF THE TEXTBOOK!!!**

Book Title & Subtitle \_\_\_\_\_

Author: \_\_\_\_\_ Publisher: \_\_\_\_\_

Copyright Date: \_\_\_\_\_ Grade Level or Edition \_\_\_\_\_

Format required: Braille Large Print ISBN#: \_\_\_\_\_  
(please indicate all formats needed) (student's copy)

Book Rebinding for Large Print Only (schools cost): No \_\_\_ Yes \_\_\_ - See attached form!!

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## Textbook Payment Authorization Form

A bill will be sent to the school for all costs of producing a large-print or braille textbook. The SDSL Accessible Library Services requires a signature of the person ordering the textbooks and a signature of either the school principal or superintendent. Please include complete address for where the bill should be sent.

**Please sign below if you want alternative format textbooks produced and you agree to pay all costs accrued in the production of these textbooks.**

Student Name \_\_\_\_\_

School Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of person ordering the textbooks

\_\_\_\_\_  
Signature of person authorizing payment of the textbooks

## REBINDING AUTHORIZATION FORM

A bill will be sent to the school from Pheasantland Industries for all costs of requested rebinding of print textbooks. The SDSL Accessible Library Services requires a signature of the person (teacher or administrator) ordering textbooks, and complete addresses.

**\* Please sign below if you do, in fact, want rebinding done.**

Your complete address may help rebinding to be done in a more timely and efficient manner.

Student Name \_\_\_\_\_

School Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Date \_\_\_\_\_

**\* Authorizing Signature** \_\_\_\_\_