South Dakota Braille & Talking Book Library

Mercedes MacKay Building ** 800 Governors Drive, Pierre, SD 57501-2235 Telephone 605-773-3131 ** Toll Free 1-800-423-6665 ** Fax 605-773-6962 Website: library.sd.gov/BTB • Email: SDTalkingBookRequest@state.sd.us



School Application for Free Library Service

Name of school									
Mailing ad	dress								
City		State	Zip	County					
Name of person to contact who will be responsible for this service									
Name									
	(First)	(Last)		(Title/occupation)					
(Phone)			(E	mail)					

Eligibility Requirements for students:

Blindness:	Visual Acuity of 20/200 or less with correction
Visual impairment:	Inability to read regular print with optical correction.
	Will require acuity for: Right eye
Physical disability:	Unable to hold book, turn pages or track words
Reading disability:	Any condition that prevents reading standard printed material.

Eligible Students:

All students listed must be registered users of the Braille & Talking Book Library. The Library will call if a student is not registered.

Where did you hear about this service?

Veterans Affairs/Health AgencyOther Health Care ProfessionalVocational Rehabilitation CenterFriend/FamilyPublic LibrarySchoolConsumer/Support GroupEvent/ExpoTV AdRadio AdInternet/Social MediaOther, specify

Can I sign the school up to receive our Talking Book Topics bi-monthly magazine listing the latest added books by USPS delivery:?

____Yes

Can I sign the school up to receive our quarterly Prairie Trails Newsletter via email?

____Yes

Certifying Authority Requirements

Eligibility must be certified by one of the following doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, psychologists, registered nurses, therapists, and professional staff of hospitals or other facilities, and public or welfare agencies (such as educators, social workers, case workers, counselors, rehabilitation teachers, certified reading specialists, school psychologists, superintendents, or librarians).

TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the school institution named serves students who are unable to read or use standard printed material because of blindness, visual impairment, physical disability and/or reading disability. I further certify that the reading materials and equipment borrowed will be used by such person(s) only.

Signature			Date	
Name				
Mailing address			Telephone	
City	State	Zip	County	

NOTICE: Records relating to library service in the state of South Dakota are confidential as defined by South Dakota codified law 14-2-51.