

## Textbook Payment Authorization Form

A bill will be sent to the school for all costs of producing a large-print or braille textbook. The SD Braille and Talking Book Program now 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