

## REBINDING AUTHORIZATION FORM

A bill will be sent to the school from Pheasantland Industries for all costs of requested rebinding of print textbooks. The SD Braille and Talking Book Program now 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** \_\_\_\_\_