

Verification of Disability

Books Aloud, inc.

PO Box 5731, San Jose, CA 95150

Tel: (408) 808-2613

Client Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

BOOKS ALOUD is a private, non-profit organization which records audio books for free loan to the blind, visually impaired, physically disabled or learning disabled.

WRITTEN VERIFICATION OF DISABILITY IS REQUIRED IN ORDER TO MEET COPYRIGHT LAWS AND POSTAL REGULATIONS.

Acceptable signatures include: *doctor, optometrist, ophthalmologist, nurse, therapist, teacher or social worker.* Letters, prescription forms or school IEP's may also be used.

AUTHORIZED PERSONNEL: Doctor, Nurse, Social Worker, Resource Teacher, etc. (Please type or print):

Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

Signature (required) _____ Date _____

Disability (please select all that apply):

VISUAL DISABILITY

- Completely Blind (BL)
- Visually Impaired (VI)
- Glaucoma (GL)
- Diabetic Retinopathy (DR)
- Macular Degeneration (MD)
- Cataract (CT)
- Other (please define) _____

SPECIAL EDUCATION NEEDS

- Learning disability (LD)
- Dyslexia (DY)
- AD/HD (AD)
- Speech/Lang. Impairment (SI)
- Mental Retardation (MR)
- Traumatic Brain Injury (BI)
- Other (please define) _____

PHYSICAL DISABILITY

- Quadriplegic (QP)
- Stroke (ST)
- Multiple Sclerosis (MS)
- Cerebral Palsy (CP)
- Cancer (CR)
- Arthritis (AR)
- Other (please define) _____

Comments

PLEASE RETURN TO:

BOOKS ALOUD, INC.
PO BOX 5731
SAN JOSE, CA 95150-5731

IF YOU HAVE QUESTIONS:

PLEASE CALL US AT 408-808-2613
OR FAX US AT 408-808-2625