Documentation of Registered Individual Students
Ohio Library for the Blind and Physically Disabled
State Library of Ohio Talking Book Program

Please Print or Type: (Rev.5/11)

Name of School _____

Address _____

City, State, ZIP _____

Phone _____ County _____

Contact Person _____ Number of Eligible Users _____

Instructions: List the names of all eligible students who will be using library materials and equipment assigned to your institution or school. Indicate whether each student has been previously certified of eligibility or have individually registered for service, and include a separate "Certification of Eligibility" form for each student not previously certified or individually registered.

Name of Student _____

Address _____

Type of Disability. Check all that apply:

☐ **Blind** ☐ **Visual impairment** ☐ **Physical handicap** ☐ **Deaf-blindness**
☐ **Reading disability**

Has the student been previously certified of eligibility? ☐ Yes ☐ No

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Name of Student _____

Address _____

Type of Disability. Check all that apply:

☐ **Blind** ☐ **Visual impairment** ☐ **Physical handicap** ☐ **Deaf-blindness**
☐ **Reading disability**

Has the student been previously certified of eligibility? ☐ Yes ☐ No

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Name of Student _____

Address _____

Type of Disability. Check all that apply:

☐ **Blind** ☐ **Visual impairment** ☐ **Physical handicap** ☐ **Deaf-blindness**
☐ **Reading disability**

Has the student been previously certified of eligibility? ☐ Yes ☐ No