



**TALKING BOOK PROGRAM - Texas State Library and Archives Commission  
1-800-252-9605 (in Texas) or 512-463-5458 (in Austin)**

To help us process your application promptly, please read the certification section on the last page very carefully and follow the instructions. The certifying authority information must be filled out completely. Qualified patrons must be residents of the U.S. or American citizens living abroad.

**APPLICANT AGREEMENT**

It is the responsibility of Talking Book Program users to:

1. Return equipment loaned to you when you are no longer using the recorded reading materials provided by the Texas Talking Book Program.
2. Promptly notify the library of any address or telephone number changes.
3. Take reasonable care of materials and equipment.
4. Borrow or download books and/or magazines at least once a year.
5. Return books by the end of their loan periods (60 days for digital books; 45 days for large print and braille.)

By submitting this application, I agree to follow these rules.

**Signature of applicant/guardian** **X** \_\_\_\_\_

Electronic typed signature accepted

How did you learn about the Talking Book Program? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | <input type="checkbox"/> Event/Expo                            |
| <input type="checkbox"/> Other Health Care Professional         | <input type="checkbox"/> TV Ad                                 |
| <input type="checkbox"/> Vocational Rehabilitation Center       | <input type="checkbox"/> Radio Ad                              |
| <input type="checkbox"/> Friend/Family                          | <input type="checkbox"/> Consumer/Support Group                |
| <input type="checkbox"/> Public Library                         | <input type="checkbox"/> Other Ad (specify below)              |
| <input type="checkbox"/> School                                 | <input type="checkbox"/> Internet/Social Media (specify below) |
|   | <input type="checkbox"/> Other (specify below)                 |

Please specify: \_\_\_\_\_

Please send this completed application and agreement to:  
**Talking Book Program, PO Box 12927, Austin TX 78711-2927**  
**Fax to 512-936-0685 or email to [tbp.services@tsl.texas.gov](mailto:tbp.services@tsl.texas.gov)**

\*The security of your Personal Information is important to us, however no method of transmission over the internet is 100% secure. While we strive to use commercially acceptable means to protect your Personal Information, we cannot guarantee its absolute security. If you prefer you may submit applications via U.S. mail.

**ELIGIBILITY CRITERIA:**

Please indicate all qualifying disabilities for the applicant. An "eligible person" is an individual who, regardless of any other disability, meets one or more of the following conditions:

- Blindness — An individual who is blind.
- Visual Disability — An individual who has a visual impairment that makes them unable to comfortably read standard print books.
- Physical Disability — An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.
- Reading Disability — An individual who has a perceptual or reading disability.
- Deaf and Blind - Hearing impairment is moderate or profound.

**TO BE COMPLETED BY CERTIFYING AUTHORITY**

Eligibility must be certified by one of the following: public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, dyslexia specialist, psychologist, superintendent, or librarian), registered nurse, therapist, professional staff of hospitals, institutions, doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, or psychologist. Certifying authorities are not permitted to certify relatives. **Please fill out the following information completely.**

I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Electronic typed signature accepted*

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
*please print*


Address: \_\_\_\_\_ TX \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
work

Date: \_\_\_\_\_

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**TEXAS STATE LIBRARY**  
**AND ARCHIVES COMMISSION**  
**PO BOX 12927**  
**AUSTIN TX 78711-2927**

**FREE MATTER FOR THE**  
**BLIND & PHYSICALLY HANDICAPPED**

-----**Fold Along Dotted Line**-----