

State Library of Louisiana  
**Talking Books and Braille Library**

<p><b>Certification for Eligible Student</b></p> <p>Please fill out one form for <i>each new student</i> using State Library TBBL materials.</p>	<p><b>Date:</b> _____</p>
--	---------------------------

*(Please print or type)*

**Student's Name:** First \_\_\_\_\_ Initial \_\_\_\_ Last \_\_\_\_\_

Student's Home Street Address (optional): \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

<p><b>Name of School/ School System</b> _____</p> <p>(NOTE: All materials will be mailed to this address).</p> <p>School Street Address _____</p> <p>City _____ State <u>LA</u> Zip _____ Parish _____</p> <p>Contact Name for School: _____ Phone: _____</p> <p>Other Contact number: _____ Email Address: _____</p>
---

**Name and contact info of all current teachers who will be working with this student:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Contact #: \_\_\_\_\_ Email : \_\_\_\_\_

**Please check the primary disability preventing student from reading standard print:**

**Blindness** - Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.

**Visual Impairment** - Inability to read or use standard printed material without special aids other than regular glasses.

**Physical Disability** - Inability to read or use standard printed material as a result of physical limitations, e.g., paralysis, extreme weakness in arms, hands, etc.

**Reading Disability** - **Must be signed by a doctor of medicine or osteopathy.**

### To be Completed by a Certifying Authority

I certify the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated on the previous page.

**Please print or type:**

Certifier's name \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Street address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We can now accept faxed copies of this signed form.*

*Fax #: 225-342-6817*

### Definition of Certifying Authority:

1) In cases of **blindness, visual impairment, or physical disabilities**, “competent authority” is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies (e.g., social workers, caseworkers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, certification may be made by a professional librarian or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

2) In the case of a **READING DISABILITY** from organic dysfunction, **competent authority is defined as doctors of medicine (M.D.) and doctors of osteopathy** who may consult with colleagues in associated disciplines.

Please return this form to:

**State Library of Louisiana  
ATTN: Children's & YA Dept. - TBBL**

**701 North 4th St.  
Baton Rouge, LA 70802**

**Fax: 225-342-6817**