

Please indicate the disability preventing you from reading standard print. A certifying authority must sign the Authorization Form on the back page.

_____ **BLINDNESS:** Vision 20/200 or less, or visual field 20 degrees or less.

_____ **VISUAL IMPAIRMENT:** Unable to read for long periods of time with correction.

_____ **PHYSICAL DISABILITY:** Unable to hold a book or turn pages.

_____ **READING DISABILITY:** Unable to read standard print as a result of an organic dysfunction; requires a signature from a medical doctor or doctor of osteopathy on the Authorization Form.

_____ **DEAF/BLINDNESS**

HEARING IMPAIRMENT: If you have a hearing impairment in addition to any of the above conditions, please indicate the degree of hearing loss:

_____ **MODERATE:** Some difficulty hearing and understanding speech.

_____ **PROFOUND:** Cannot hear or understand speech.

SPECIAL SERVICES

_____ NEWSLINE

_____ Large Print

_____ Described Videos

PLAYBACK EQUIPMENT AND ACCESSORIES: Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress, it must be returned to the Perkins Library.

PLAYBACK EQUIPMENT:

_____ **STANDARD CASSETTE PLAYER-** Plays both commercial and Library tapes on 2 and 4 track cassettes. Operates on battery or electricity.

_____ **EASY CASSETTE PLAYER-** Only plays 4 track cassette tapes from the Library. Uses electricity. May be useful if disability makes operation of a standard cassette player difficult.

Ask for special application for:

_____ **REMOTE CONTROL UNIT**

_____ **SPECIAL AMPLIFIER-** Solely for readers with profound hearing loss

ACCESSORIES:

_____ **HEADPHONES-** Solely for those readers who could not otherwise listen to talking books.

_____ **PILLOWPHONE-** Solely for readers restricted to bed.

_____ **EXTENSION LEVERS-** For persons who have difficulty using push buttons on a standard cassette player.

_____ **BREATH SWITCH**

BRaille READING MATERIALS

_____ Please check here if you would like to receive braille books and magazines.

READING PREFERENCES

_____ **TITLE SELECTION:** Please check here if you prefer to request specific titles from the Library's bi-monthly catalogue and do not wish Library staff to select books for you. (NOTE: There is no need to mark your areas of interest on the list below.)

_____ **INTEREST SELECTION:** Please check here if you would like Library staff to select books for you on a regular basis according to your areas of interest, in addition to books you specifically request. For best results, number your priority interests on the following list in order of preference.

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Fitness & Nutrition | <input type="checkbox"/> Occult |
| <input type="checkbox"/> African-American Interest | <input type="checkbox"/> Gay Interest | <input type="checkbox"/> Personal Finance |
| <input type="checkbox"/> Aging & Retirement | <input type="checkbox"/> Gothic Novels | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Hispanic Interest | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Autobiographies | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Politics & Government |
| <input type="checkbox"/> Bestsellers-Fiction | <input type="checkbox"/> History, U.S. | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Bestsellers-Nonfiction | <input type="checkbox"/> History, World | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bible & Bible Stories | <input type="checkbox"/> Horror | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Humor | <input type="checkbox"/> Science |
| <input type="checkbox"/> Business & Finance | <input type="checkbox"/> Inspirational Reading | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Jewish Interest | <input type="checkbox"/> Sea Stories |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Lesbian Interest | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Contemporary Issues | <input type="checkbox"/> Marriage/Family & Sex | <input type="checkbox"/> Sports (specify): |
| <input type="checkbox"/> Cooking & Homemaking | <input type="checkbox"/> Massachusetts Interest | <input type="checkbox"/> Spy & Espionage |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Medicine & Health | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Environment & Ecology | <input type="checkbox"/> Movies Radio & TV | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Mystery | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Native American Interest | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Nature | <input type="checkbox"/> War Stories |
| | <input type="checkbox"/> New England Interest | <input type="checkbox"/> Westerns |
| | | <input type="checkbox"/> Women's Issues |

Other reading interests: _____

Favorite authors: _____

BOOK CONTENT

Please check below if you do not wish to receive materials containing:

_____ Strong language _____ Violence

_____ Explicit descriptions of sex _____ Other: _____

_____ **MAGAZINES:** Please check here if you would like to receive a list of available magazines.

_____ **MUSIC MATERIALS:** Please check here if you would like to receive information about ordering music scores, music magazines, and instructional recordings. (NOTE: Recorded music for listening is not available from this Library.)

FOREIGN LANGUAGE MATERIALS: The Library has a small collection of books in a variety of languages on cassette. If other than English, please indicate your preferred language(s): _____

_____ Books in English are acceptable if not available in the above language(s).

_____ Please send books in the above language(s) only.

EDUCATION AND READING LEVEL: Please indicate the highest level of education completed:

Currently a student in grade _____

Reading comprehension level (if known) _____

_____ Some high school _____ High school graduate _____ College graduate

Authorization Form

TO BE COMPLETED BY CERTIFYING AUTHORITY*

***In the case of a Reading Disability, certifying authority must be a medical doctor or a doctor of osteopathy.**

I certify that the applicant is unable to read or use standard print materials for the reason(s) indicated on the front of this application.

Please print or type

SIGNATURE: _____ Date: _____

Name: _____ Phone: (____) _____

Title/Occupation: _____

Address: _____

City/State/Zip: _____

Email: _____

Please return completed application to Perkins Braille & Talking Book Library.

Records relating to recipients of Library of Congress reading material are confidential. Information provided on this application form will not be released to other individuals, institutions, or agencies.