



**Perkins School for the Blind
Braille & Talking Book Library**

175 North Beacon Street
Watertown, MA 02472-2790

Phone: 1-800-852-3133 or 617-972-7240

Fax: 617-972-7363

TTY: 617-972-7690

Email: library@perkins.org

Website: www.perkinslibrary.org

Application for Free Library Service

Institutions

Name of Institution/School: _____

Street Address: _____

City: _____

County: _____ State: _____ Zip: _____

Telephone: (_____) _____

Contact Person: _____

Title: _____

Telephone: (_____) _____

Email: _____

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.

Books, Magazines, and Equipment

You may borrow any of the following items.

In the spaces provided, please write the quantity of each item.

- | | Quantity needed |
|--|-----------------|
| • Standard cassette player | _____ |
| • Headphones | _____ |
| • Extension levers | _____ |
| • Pillow speaker—
for readers restricted to bed | _____ |

Ask for separate application for:

- | | |
|--|-------|
| • Breath switch | _____ |
| • Remote control unit | _____ |
| • Amplifier—
solely for readers with
profound hearing loss | _____ |

Other services: Please check if you would like to subscribe to the following services.

- | | Subscribe |
|---------------------|-----------|
| • Audio books | _____ |
| • Audio magazines | _____ |
| • Braille books | _____ |
| • Braille magazines | _____ |
| • Large print books | _____ |
| • Described videos | _____ |
| • NEWSLINE service | _____ |

Reading Preferences

TITLE SELECTION: Please check here if you prefer to request specific titles from the Library's bimonthly catalogue and do not wish Library staff to select books for you. (In this case, 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.

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

GRADE LEVELS (SCHOOLS)

Please indicate the grade levels of students in your school: _____
Reading comprehension levels: _____

Authorization Form

TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the institution/school named serves persons who are unable to read or use standard printed material because of blindness, visual disabilities, or physical limitation. I further certify that the reading materials and equipment borrowed will be used by such persons only.

Please print or type

Name of Administrator: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Email: _____