



Perkins School for the Blind Braille & Talking Book Library

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Email: library@perkins.org **TTY:** 617-972-7690

Application for Free Library Service for Institutions

Please Print or Type:

Name of Institution/School: _____

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Phone: (____) _____

Contact: _____

Title: _____

Email: _____

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 audio reading material provided by the Library of Congress, it must be returned to the Perkins Library.

_____ **Talking books on digital cartridge and a digital player.** Easy to use digital player plays Library of Congress books on cartridges.

_____ **Braille and Audio Reading Download (BARD).** Instructions are provided on how to register and download talking books over the Internet from the BARD website to use with the digital player.

_____ **Talking books on cassette and a cassette player.** The cassette player plays tapes at 15/16 ips, 4-track Library of Congress format. Needed for older titles and magazines.

Library Services

___ **NEWSLINE Service:** telephone and online newspaper service.

___ **Braille books and magazines.**

___ **Large print books.**

___ Specialized programs and services for **children and teens.**

___ **Described VHS Videos:** videos with added narration (for VCR).

___ **Described DVDs:** videos with added narration (for DVD player).

___ **Magazines:** a complete list of available magazines will be sent.

___ **Web-Braille:** downloadable braille files.

___ **Music:** How-to instructional recordings, braille or large print music scores and music magazines are available. Recorded music for listening is not provided.

Special accessories for playback equipment are available; please check those needed:

___ **Headphones:** Solely for those readers who could not otherwise listen to talking books.

___ **Pillowphone:** Solely for readers restricted to bed.

___ **Extension levers:** Assists readers with limited use of their hands in operating the standard cassette player controls.

These special accessories for the playback equipment require a special application which will be sent to you:

___ **Amplifier:** Solely for use by readers with profound hearing loss.

___ **Remote control:** Assists readers with limited use of their hands in turning the standard cassette machine on and off.

___ **Breath switch:** For use with the remote control unit for readers who have little or no use of their hands.

Foreign Language Materials

The Library has a small collection of audio books in a variety of languages. 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.

Reading Preferences

Book Content: Please indicate if you do not wish to receive books that contain:

Strong language Violence Explicit descriptions of sex
 Other: _____

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

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

Other reading interests: _____

Favorite authors: _____

Education and Reading Level

Please indicate the reading level for those being served by your organization:

Currently a student in grade _____ Some high school _____

High school graduate _____ College graduate _____

Reading comprehension level (if known) _____

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: _____

Title/Occupation: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Email: _____

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

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