

## Application for Service

Audio-Reader  
P.O. Box 847  
Lawrence KS 66044

1.800.772.8898  
Fax 785.864.5278  
reader.ku.edu

Name: \_\_\_\_\_  
*Prefix Last First Initial*

Institution or Facility (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street (include room or apartment number)*

\_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*City State Zip mm dd yyyy*

\_\_\_\_\_ @ \_\_\_\_\_  
*County Your email address*

### Signature

I have signed below, or have **personally requested** this service and authorized this application be signed on my behalf.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Send to:

Audio-Reader  
P.O. Box 847  
Lawrence KS 66044

Or fax to  
785.864.5278

For Office Use Only:

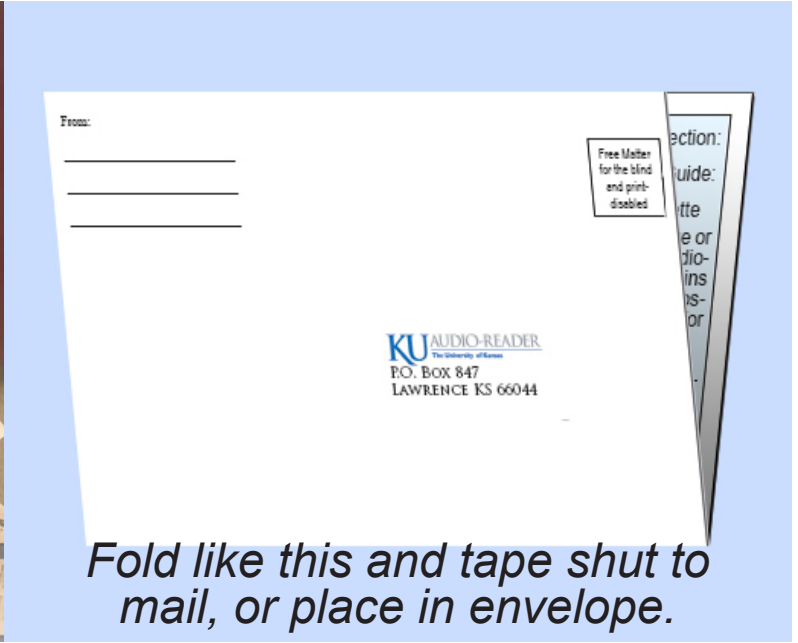
ID # \_\_\_\_\_

Security # \_\_\_\_\_

Info sent \_\_\_\_\_

On the web at  
[reader.ku.edu](http://reader.ku.edu)

Be sure to fill out both sides of this application, then fold this page in quarters so the Audio-Reader address is showing, and drop in the mail. No stamp is needed.



## Certification

*This certification is required for radio reading services in order to comply with federal copyright laws.*

*To be completed by a physician, nurse, librarian, social worker, or member of a Missouri or Kansas Lions Club:*

I certify that the above named applicant cannot read or effectively use printed materials as a result of the following condition(s):

- Blindness     Macular Degeneration     Diabetic Retinopathy  
 Glaucoma     Other \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Check here if applying for **RADIO** service, and fill out this section:

Select how you'd like to receive your Audio-Reader Program Guide:

Large print     Braille     Email     Cassette

Please provide the name, address and phone number of a relative or friend who does **not** live at the same address. Although your Audio-Reader radio is loaned to you for as long as you need it, it remains our property. We **require** this information should it become impossible for us to contact you. You or your contact will be responsible for the return of the radio when it is no longer needed.

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

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

email address: \_\_\_\_\_

Check here if applying for **INTERNET** service (no radio)

Audio-Reader's broadcast signal is available on the internet 24 hours a day. If you have an internet computer or smart phone and would like to register to listen but do not need a radio, we'll send you a password. If you are out of our reception area, or simply don't need one of our closed-circuit radios, check this box.

Make sure you include your email when you fill out your name and address.

Select how you'd like to receive your Audio-Reader Program Guide:

Large print     Braille     Email     Cassette

Check here if applying for **TELEPHONE READER** service

Upon receipt of your application, we will send you an information packet that will include your identification number and operating instructions.

Send instructions in:  Braille     Large print     Cassette     Email

From:

---

---

---

Free Matter  
for the blind  
and print-  
disabled

**KU** AUDIO-READER  
The University of Kansas  
P.O. BOX 847  
LAWRENCE KS 66044

Check here if applying for **SPECIAL REQUEST** service

If you are registering with Audio-Reader only for Special Request personal recording services, and do not need a radio receiver or access to the Telephone Reader system, check here. We'll get in touch to find out what you need recorded, or you can call our Assistant Coordinator of Volunteers, at 785.864.2685

Check here if interested in **AUDIO DESCRIPTION** service

We will notify you by mail or email when programs in Kansas City, Lawrence and Topeka are being described, and in some cases we may be able to provide free tickets.

Send news in:  Braille  Large print  Email

To return application, fold so the address panel above is in front, or fax all four pages to 785.864.5278