



## Application for Free Library Service: Schools

Denny Hoskins, Secretary of State  
Wolfner Talking Book & Braille Library  
PO Box 387  
Jefferson City, MO 65102-0387

Phone: (800) 392-2614  
or (573) 751-8720  
FAX: (573) 751-3612  
Email: [wolfner@sos.mo.gov](mailto:wolfner@sos.mo.gov)

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### Please print clearly or type:

District/Charter/Cooperative Name (if applicable): \_\_\_\_\_

Contact Name \_\_\_\_\_ Total Schools To Be Served \_\_\_\_\_

School Name \_\_\_\_\_ Grades Served \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ \*Other Phone \_\_\_\_\_

Email \_\_\_\_\_

*\*If you are a teacher who travels between multiple school buildings, please provide an alternate phone number at which you can be reached.*

### Instructions

1. Please complete one application per school building, or per teacher (if serving multiple school buildings). Smaller school districts that are housed in one building may use a single application.
2. Each student must be individually registered and certified. Applications for Individuals may use the school building address and be signed by the teacher if the student is using materials at school only. Students who will use materials at both home and school must include their home address and be signed by a parent/guardian.
3. Certifiers of student applications may include any one of the following, regardless of student disability type: Rehabilitation teachers, case/social workers, counselors, certified reading specialists, building principals, special education coordinators, certified library media specialists or a certified health professional.
4. Complete and submit a Student Listing form online at the start of each school year. Submit an updated form during the school year if students are added or removed.

*If you have any questions or need assistance completing this application, please contact the Wolfner Library. All necessary forms for schools and students are available through the "Youth and School Services" page of our library's website: [sos.mo.gov/wolfner/](http://sos.mo.gov/wolfner/).*

As an institution that serves users who are minors, we acknowledge that such users will receive NLS services and equipment and that the institution will have access to the entire NLS catalog of reading material on their behalf. We acknowledge that we will be responsible for receiving any necessary parental or guardian consent. All materials and equipment (including digital talking-book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Date \_\_\_\_\_

Name of Institution \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Full Name of Legally Authorized Representative \_\_\_\_\_

Title of Legally Authorized Representative \_\_\_\_\_

Email Address of Legally Authorized Representative \_\_\_\_\_

Phone Number of Legally Authorized Representative \_\_\_\_\_

I have the authority to enter into binding agreements on behalf of my institution and, by signing below, I acknowledge the preceding on behalf of my institution.

Signature of Legally Authorized Representative \_\_\_\_\_

## **Eligibility and Certification**

### **Eligibility of blind and other print-disabled persons for loan of library materials.**

The following people are eligible for service: residents of the United States, including territories, insular possessions and the District of Columbia, and American citizens abroad, provided they meet one of the following criteria:

- ☐ An individual who is blind or has a visual impairment that makes them unable to comfortably read standard print books.
- ☐ An individual who has a perceptual or reading disability.
- ☐ An individual who has a physical disability that makes it difficult to hold or manipulate a book to focus or move the eyes as needed to read a print book.

## Certifying Authority

I certify that the school named enrolls students who are unable to read or use standard printed material because of a visual, physical or reading disability. I further certify that the reading materials and equipment borrowed will be used by these students only, and that these individual students have been registered by the Wolfner Talking Book and Braille Library.

### To Be Completed By the Certifying Authority

**Please print clearly or type:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

## Materials and Services

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Braille and Audio Reading Download (BARD):</b> Website and mobile application for downloading digital audio or braille books and magazines. May register up to 5 devices per account. | <input type="checkbox"/> <b>Music:</b> Instructional materials and scores available in audio, large print or braille. A school representative will need to contact the NLS Music Library directly to request materials. |
| <input type="checkbox"/> <b>Audio Books on Digital Cartridge:</b> Multiple books based on your selections can be loaded onto a single cartridge. Digital players are provided on long-term loan.                  | <input type="checkbox"/> <b>STEM Kits:</b> Math and science manipulatives for teaching concepts in an accessible manner to students with disabilities.  |
| <input type="checkbox"/> <b>Braille Books:</b> Contracted, uncontracted and print/braille available   | <input type="checkbox"/> <b>Games:</b> Print/braille board games and card games   |
| <input type="checkbox"/> <b>Large Print Books</b> (14 pt. or larger)  | <input type="checkbox"/> <b>NFB-NEWSLINE®:</b> audio newspaper and magazine service   |
| <input type="checkbox"/> <b>Audio and Braille magazines</b>   |   |

## Equipment and Accessories

**Item:**

**Qty. Needed**

☐ **Digital Player(s)**

\_\_\_\_\_

☐ **Headphones**

\_\_\_\_\_

☐ **Breath/Mouth Switch**

\_\_\_\_\_

☐ **Electronic Refreshable Braille Display**

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**Please submit your completed application by mail, fax or email:**

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