

# REQUEST FORM

## NYS RESOURCE CENTER FOR VISUALLY IMPAIRED

2A Richmond Avenue, Batavia, NY 14020  
 Phone (585) 343-5384 x207 Fax (585) 343-0652  
 ldesanti@mail.nysed.gov

Date Requested \_\_\_\_\_

**INTERNAL USE ONLY**    Log in # \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Person Requesting \_\_\_\_\_

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

\_\_\_\_\_

### Ship to Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_

Home/Summer Phone (    ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

***Pupil Information – Must be Completed***

Name \_\_\_\_\_ Grade \_\_\_\_\_

Are requested textbooks same edition as used by peers?  
 Yes     No

The student has been identified as visually impaired on:  
 IEP   
 Registered with APH through the RC

This request has been approved by the principal in the school  
 in which the instruction is provided. Yes \_\_\_\_ No \_\_\_\_

School Principal (please print): \_\_\_\_\_

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

School Name: \_\_\_\_\_ District: \_\_\_\_\_

\*B = Braille    \*L = Large Print

*Circle	Complete All Items Below	RC Use Only	Vendor/Code
B____  L____	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject: _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#
B____  L____	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject: _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#

Complete All Items Below			RC Use Only	Vendor/Code
B__ L__	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject: _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#	
B__ L__	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#	
B__ L__	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject: _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#	
B__ L__	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject: _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#	
B__ L__	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ Copyright Date: _____ ISBN: _____	Subject: _____ Level: _____ Date Needed: _____ Return Date: _____	APH-  PO#	