



Application for Free Talking Book & Braille Library Service

Northern Kentucky Talking Book Library
502 Scott Boulevard Covington, KY 41011-1530

Statewide Toll-Free 1-866-491-7610 Local (859) 962-4095

Please Print. Information given on this application is confidential and is not for public release.

Name _____
First Middle Last

Address _____
Street (or P O Box #)

City County State Zip

Phone No _____ Email _____
Area Code

Sex _____ Birth Year _____

Spouse's Name _____ Parent's Name _____
(If applicant is under 18 years of age)

Name of individual to contact in the event that you cannot be reached:
(Someone not at your address)

Name _____ Relationship _____

Address _____ Phone _____

Has the applicant ever been a patron of a talking book/Braille library?
_____ Yes _____ No

If so, where _____ When _____

By law, preference in lending books and equipment is given to veterans. Please check here I you have been honorably discharged from the armed forces of the United States. _____

Playback Equipment & Accessories

Playback equipment and special accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Kentucky Talking Book Library.

_____ Special cassette player

_____ Pillow Speaker (bedfast only)

_____ Braille books

_____ Solar battery charger (no access to electricity)

_____ Headphones

_____ Amplifier (for profound hearing loss only;
separate application required)

Do you have any difficulty using your hands? _____ Yes _____ No

Check the primary disability preventing you from reading standard print.

_____ Blindness

_____ Physical Disability

_____ Visual Disability

_____ Deaf/Blind

_____ Reading Disability (MUST BE CERTIFIED BY A
DOCTOR OF MEDICINE OR OSTEOPATHY)

Visual and physical disabilities must be certified by one of the following: doctor of medicine or osteopathy, optometrist, librarian, professional staff of hospitals, institutions, public/welfare agencies – such as nurses, case workers, social workers, counselors and rehabilitation teachers.

Certifying Authority CANNOT be a relative of the applicant.

Print Name of Certifying Authority _____

Title/Occupation _____ Phone _____

Address _____

City _____ State _____ ZIP _____

I hereby certify that the applicant named above has requested library service and is unable to read or use standard printed material for the reason indicated.

Certifying Authority Signature _____ Date ____/____/____

I object to books with:

Explicit Sex Violence Rough Language Long Books

Check Preferred Reading Level:

Adult Young Adult Juvenile Preschool

For students, please indicate reading comprehension by grade:

Reading Preference:

My librarian may make selections from the categories below if I run out of my own requests. Yes No

Reading Interests: (check up to 10)

<input type="checkbox"/> Adventure	<input type="checkbox"/> Health	<input type="checkbox"/> Religion
<input type="checkbox"/> Animals	<input type="checkbox"/> Historical Novel	<input type="checkbox"/> Romance
<input type="checkbox"/> Best Sellers-Fict.	<input type="checkbox"/> History, US	<input type="checkbox"/> Science
<input type="checkbox"/> Best Sellers-Non.	<input type="checkbox"/> History, World	<input type="checkbox"/> Science Fiction
<input type="checkbox"/> Biography	<input type="checkbox"/> Homemaking	<input type="checkbox"/> Short Stories
<input type="checkbox"/> Classic	<input type="checkbox"/> Humor	<input type="checkbox"/> Sports
<input type="checkbox"/> Current Affairs	<input type="checkbox"/> Kentucky	<input type="checkbox"/> True Crime
<input type="checkbox"/> Family Stories	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Travel/Geography
<input type="checkbox"/> Gothic	<input type="checkbox"/> Poetry	<input type="checkbox"/> Western

I wish to receive books in the following languages: _____

Interests or Favorite Authors _____

I would prefer catalogs and newsletters in:

Large Print Braille Cassette E-mail

Northern KY Talking Book Library Borrower's Agreement

As a patron of the Northern Kentucky Talking Book Library, you will have certain responsibilities. Please read the following, then sign and date it to indicate you are aware of our policies. (Please keep in mind that "books" refers to Braille or Talking Books.)

- I understand that books are on loan for 30 days, and must be returned to the Northern Kentucky Talking Book Library within that time.
- I understand that I must request and return at least 1 book every 6 months in order to remain an active patron.
- I understand that all equipment is the property of the Library of Congress, I must take reasonable care of it, and I must return it to the Northern Kentucky Talking Book Library if I am no longer actively using the Talking Book program.
- I understand that I must notify the Northern Kentucky Talking Book Library anytime my name, address, or telephone number changes.
- I understand that I must not lend or give Talking Book equipment or reading materials to any other person.

To be signed by the person who will be using Talking Books, or if that person is unable to sign, the person who will be responsible for all Talking Book Library materials.

Date

**Free matter for the Blind
and Handicapped
Domestic Mail Manual PT. 135**



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