

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.

_____ Talking Book player

_____ Pillow Speaker (bedfast only)

_____ Braille books

_____ Solar battery charger (no access to electricity)

_____ Headphones (for patrons
with hearing loss or in group settings)

_____ 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

I wish to receive books in the following languages: _____

Check Preferred Reading Level:

Adult Young Adult Juvenile Preschool

For students, please indicate reading comprehension level 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"/> Gentle/Nostalgic Fict | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Govt. & Politics | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Best Sellers-Fiction | <input type="checkbox"/> Health | <input type="checkbox"/> Science |
| <input type="checkbox"/> Best Sellers-Non-Fict | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Sci-Fi/Fantasy |
| <input type="checkbox"/> Biography | <input type="checkbox"/> History | <input type="checkbox"/> Self Improvement |
| <input type="checkbox"/> Business | <input type="checkbox"/> Hobbies & Crafts | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Horror | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Classic Literature | <input type="checkbox"/> Humor | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Family Sagas | <input type="checkbox"/> Mysteries | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Poetry | <input type="checkbox"/> Westerns |

Interests or Favorite Authors _____

I would prefer catalogs and newsletters in:

Large Print Braille Cassette E-mail

Kentucky Talking Book Library Borrower's Agreement

As a patron of the 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 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 Kentucky Talking Book Library if I am no longer actively using the Talking Book program.
- I understand that I must notify the 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,
if that person is unable to sign, the person who will be responsible
for all Talking Book Library materials.

_____ or _____ Date

**Free matter for the Blind
and Physically Handicapped
DMM 703.5**

**Kentucky Department for Libraries & Archives
Kentucky Talking Book Library
P O Box 537
Frankfort KY 40602**

