

APPLICATION FOR DEPOSIT LIBRARY SERVICE

Library Name: _____

Contact Person: _____

Address: _____

City: _____ County: _____ Zip: _____

Telephone: _____ Extension: _____

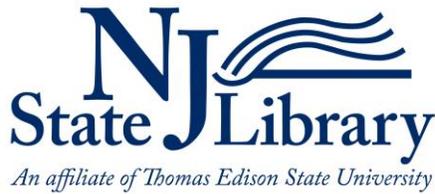
E-mail: _____

Types of Services Requested – please indicate any/all services your institution wants to receive

- Digital book service Audiovision (Radio Reading Service)
 Newslines Books in Braille

The New Jersey State Library Talking Book & Braille Center is supported with funds from the Institute of Museum and Library Services.





TALKING BOOK & BRAILLE CENTER
2300 Stuyvesant Avenue
Trenton, NJ 08618-3226
1-800-792-8322
www.njstatelib.org/tbbc

LIBRARY NAME: _____

AUTHORIZATION SIGNATURE

Authorization by facility director or library director is required in order for this application to be processed.

As Director of this facility, I certify that this facility regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request a Deposit Account with the New Jersey State Library Talking Book & Braille Center in order to provide these individuals with the opportunity to enjoy recorded materials.

Date of Request: _____

Signature: _____

Printed Name: _____

Position Title: _____

Email, fax or mail completed application to:

New Jersey State Library

Talking Book & Braille Center

Attention: Mary Kearns Kaplan

2300 Stuyvesant Avenue

Trenton NJ 08618

Email: tbbc@njstatelib.org

Fax: 609-406-7181