

New York State Talking Book and Braille Library
Cultural Education Center
Albany, NY 12230
(800) 342-3688 (518) 474-5935
e-mail: tbblkids@mail.nysed.gov



Student Certification (School Service Only) 7/2001

Student's Name and DOB: _____

School Attended: _____

School Address: _____

****Please read the following before completing the form****

Contact the NYS Talking Book & Braille Library (TBBL) School Services Section for additional information and assistance.

1. This certification is for TBBL's records only. It does NOT register the student for individual service. TBBL will not have this student's name on file except under the name of the school entered above. **For individual service for this student at home, please contact TBBL.**
2. ***If the eligibility for this service is due to a reading or learning disability, this form must be signed by a Doctor of Medicine (MD) or Doctor of Osteopathy (DO).*** Federal Regulation requires that a medical doctor certify that the student's disability prevents the reading of standard print and is **physical** in origin. **Only an original signature by the M.D. or D.O. can be accepted.**
3. The books and equipment loaned to the school by TBBL are to be used only by those students who are certified with TBBL as eligible. School personnel are to ensure legal use of the recorded and braille books and cassette players. **Cassette players are for in-school use only.**
4. Unless the school is already registered with TBBL, this certification form must be accompanied by an application for the school building.

To Be Completed by Certifying Authority

I certify that the student named above is currently enrolled in the school named and is unable to read standard printed material for the reason(s) indicated below:

___ **Blindness** ___ **Visual Handicap** ___ **Physical Handicap**

___ **Reading Disability** (M.D. must sign; Original signature only)

Signature: _____ **Date:** _____

Name: _____ **Title or Occupation:** _____

Address: _____ **Phone:** _____