

REQUEST FORM

INTERNAL USE ONLY Log in # _____

NYS RESOURCE CENTER FOR VISUALLY IMPAIRED

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

Date Requested _____

For new books please remember to supply:

- Syllabus
- Print copy /photo copies
- Nimas File

Please list order in which chapters are needed: _____

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#	
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