AIM Center

Oklahoma Library for the Blind and Physically Handicapped 300 NE 18th Street Oklahoma City, Oklahoma 73105-3212 1-800-523-0288 (toll free) 405-521-3514 voice 405-521-4033 fax

Patron Information Form

Please provide an updated form each school year for books or materials and be sure to type or legibly print ALL information

Today's date	Name	e of person co	ompleting f	orm		
Student's Legal Nam	ie					
Č	(First) (N		M.I.)		(Last)	
Student's DOB	Stud	_ Student's grade _		Lowest functioning grade		
Student's disability (check all that a	that apply)Multi		Visually Impaired		
		Blind _	Re	gistered w	ith Federal Quota	
Please indicate readin	ng medium:					
	LARGE PRIM	NT		-		
	BRAILLE			ted	uncontracted	
Preferred braille code: UEB EBAE						
Name of school stude	ent attends Scho	ool address, i	ncluding z	ip		
*	•		•	•	party (VI Teacher, Special	
Education Coordinate person during non-sc					oust be able to reach that uring school hours.	
Responsible party's i						
	,					
Shipping address (if	different from s	school addres	s)			
11 6			/			

All Information provided is confidential, and access to it will not be granted.