

**AIM Center**

Oklahoma Library for the Blind and Physically Handicapped  
300 NE 18<sup>th</sup> 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 of person completing form \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
(First) (M.I.) (Last)

Student's DOB \_\_\_\_\_ Student's grade \_\_\_\_\_ Lowest functioning grade \_\_\_\_\_

Student's disability (check all that apply) \_\_\_\_\_ Multi \_\_\_\_\_ Visually Impaired  
\_\_\_\_\_ Blind \_\_\_\_\_ Registered with Federal Quota

Please indicate reading medium:

LARGE PRINT \_\_\_\_\_

BRAILLE \_\_\_\_\_ contracted \_\_\_\_\_ uncontracted \_\_\_\_\_

Preferred braille code: UEB \_\_\_\_\_ EBAE \_\_\_\_\_

Name of school student attends School address, including zip \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*All materials requested for a student must be shipped to a responsible party (VI Teacher, Special Education Coordinator, School Principal, Superintendent, etc.) We must be able to reach that person during non-school hours (evenings and summers) as well as during school hours.*

Responsible party's name and title \_\_\_\_\_

Non-school address, phone #, and email \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Shipping address (if different from school address) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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