

TALKING BOOK SERVICE IDAHO COMMISSION FOR LIBRARIES

Toll free: 1.800.458.3271 Boise area: 334.2150 Fax: 208.334.4016



INSTITUTIONAL AGREEMENT

Persons who use this service must have a visual and/or physical handicap or reading disability. Materials and equipment are for eligible patron use only.

As The Responsible Party:

- I certify that this service will be used by eligible patrons.
- I agree to check out at least one audio book per year and to return books within 4 weeks.
- I agree to take care of loaned materials.
- I agree to notify the Talking Book Service should I leave this position.
- I agree to be responsible regarding the policies included with this form.
- I request ____ players.

Please print and sign two copies of this agreement and mail or fax to:

Talking Book Service, Idaho Commission for Libraries 325 W. State St. Boise, ID 83702 One authorized copy will be returned to you.

Name of Institution		Phone Number		
Street Address City State		E-mail address		
City	State	Zip Code		
Print name of staff member responsible for the service		Title		
Signature: staff memb	er responsible for the service	Date		
Signature: Director/A	dministrator of Institution	Date		

PLEASE LIST USERS (Use back of page if necessary)

Name Birth date Disability

PLEASE LIST ADDITIONAL USERS

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