



RECORDING FOR THE BLIND & DYSLEXIC
20 Roszel Road
Princeton, NJ 08540
Phone (609) 452-0606
www.rfbd.org

Option 2: Verification of NLS Readership

RFB&D Applicant's Name: _____

RFB&D Member ID#: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

As a National Library Services network librarian, I verify that the above mentioned individual is an eligible user of the National Library Service for the Blind and Physically Handicapped Talking Book Service.

Name of Network Librarian (please print):

The following information is required in order to process the RFB&D application:

Signature _____ Date _____

Title: _____

NLS Library: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Daytime Telephone: _____

E-mail: _____

NOTE: All information on this application is considered confidential. RFB&D does not sell to, trade to, or otherwise share member information to any third parties; however, in conjunction with RFB&D's funding programs, aggregate data may be provided to agencies and institutions when needed for verification purposes or to illustrate the extent of services rendered.

Please return this form to the address above or fax it to: 609-987-8116