

Student Certification Form

STUDENT CERTIFICATION

The following certification must be completed by a qualified professional in the field of disability services, education, medicine or psychology. The certifier must be a recognized expert who attests to the physical basis of the visual, perceptual, or other physical disability which limits the applicants' use of standard print. Appropriate certifying experts may differ from disability to disability. For more detailed information about who qualifies as a professional certifier, please visit www.rfbd.org, then click on "Membership Information and Forms," and then click on "Membership Applications and Other Forms."

Name of School _____

Agency ID# _____ School Year _____

Contact Name _____

Contact Phone Number _____

I attest to the physical basis of a visual, perceptual or other physical disability limiting the applicant's ability to effectively use standard print. I also attest to my competency to make this certification.

Name of Certifying Professional _____

Signature _____ Date _____

Title/Professional Specialty _____

Place of Employment _____

Address _____

City _____ State _____ ZIP/Postal Code _____ Country _____

Daytime Telephone _____ E-mail _____

RETURN COMPLETED FORM TO: Recording for the Blind & Dyslexic
Member Services Department
20 Roszel Road, Princeton, NJ 08540
Phone: 800-221-4792 Fax: 609-987-8116

