

AIM 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 applicant's use of standard print. Appropriate certifying experts may differ from disability to disability. For example: In the case of blindness and visual impairments, an appropriate certifier may be a physician, ophthalmologist, or optometrist; in the case of a perceptual disability, a neurologist, learning disability specialist, or psychologist with a background in learning disabilities, may be the most qualified certifying professional.

NAME OF SCHOOL

AGENCY ID #

SCHOOL YEAR

CONTACT NAME

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

CASE ID

STUDENT NAME

CERTIFIER SIGNATURE

CERTIFIER TITLE

DATE

RETURN COMPLETED FORM TO:

Recording for the Blind & Dyslexic
Member Services Department
20 Roszel Road, Princeton, NJ 08540

Fax: (609) 987-8116
Phone: (800) 221-4792

STUDENT INFORMATION

Student's date of Birth

____ / ____ / ____
MONTH DAY YEAR

What is the student's educational level?

- Elementary/Middle ____ grade
- High School ____ grade
- Undergraduate
- Graduate

Name of Parent or Guardian

(if under age 18)

Please indicate the disability that prevents the student from reading standard print:

- Visual Impairment or Blindness
- Perceptual (Learning) Disability
- Other Physical Disability

PLEASE NOTE: You may need to obtain the following consent to release information for each student.

CONSENT TO RELEASE

I hereby release the above named school or institution to provide RFB&D with relevant student information

STUDENT NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

RELEASE SIGNATURE (PARENT OR GUARDIAN IF UNDER 18)

DATE