

Talking Book Services (TBS)

Annual Student Listing Form

Please list the names and contact information of each student who will be using the Talking Books equipment being lent to your institution. This information will be put on file with your institution's information and will not be disclosed to anyone. Only students with qualifying conditions can use the TBS equipment on loan to your institution. Please return this completed form to: Talking Books Services 1500 Senate Street Columbia, SC 29201.

We encourage institutions to register qualifying students for their own individual TBS account. Contact us at 1-800-922-7818 or tbsbooks@statelibrary.sc.gov to obtain applications for any interested individuals.

Student's Name _____

Student's Home Address _____ City _____ State __ Zip _____

School Name & Address _____

City _____ State __ Zip _____

Qualifying Condition/ Disability:

Blindness Visual Impairment Physical Disability Reading Disability

Student's Name _____

Student's Home Address _____ City _____ State __ Zip _____

School Name & Address _____

City _____ State __ Zip _____

Qualifying Condition/Disability

Blindness Visual Impairment Physical Disability Reading Disability

Student's Name _____

Student's Home Address _____ City _____ State __ Zip _____

School Name & Address _____

City _____ State __ Zip _____

Qualifying Condition/Disability

Blindness Visual Impairment Physical Disability Reading Disability

Student's Name _____

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School Name &Address _____

City _____ State __ Zip _____

Qualifying Condition/Disability

Blindness Visual Impairment Physical Disability Reading Disability

Student's Name _____

Home Address _____ City _____ State __ Zip _____

School Name & Address _____

City _____ State ____ Zip _____

Qualifying Condition/Disability

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Student's Name _____

Home Address _____ City _____ State __ Zip _____

School Name & Address _____

City _____ State ____ Zip _____

Qualifying Condition/Disability

Blindness Visual Impairment Physical Disability Reading Disability