

REQUEST FORM

NYS RESOURCE CENTER
229 State Street Batavia, NY 14020 Phone
(585) 343-5384 x207 Fax (585) 343-0652 Email:
lisa.desantis@nysed.gov

Person Requesting: _____

Correspondence Address:

Ship to Address:

B = Braille L = Large Print

Internal Use Only
Date: _____ Log in: _____

PUPIL INFORMATION – MUST BE COMPLETED

Name: _____ **Grade:** _____

The student has been identified as visually impaired on:

IEP

Registered with APH

Phone: _____

Email: _____

Date Needed: _____

Check Box	Complete All Items Below	Vendor Info
B <input type="checkbox"/> L <input type="checkbox"/>	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ ISBN: _____ Copyright: _____	
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B <input type="checkbox"/> L <input type="checkbox"/>	Title: _____ Subtitle: _____ Author: _____ Publisher: _____ ISBN: _____ Copyright: _____	