

LARGE PRINT

NAME OF VISION COORDINATOR OR STATE APPROVED
SPECIAL EDUCATION DIRECTOR:

ILLINOIS INSTRUCTIONAL MATERIALS CENTER
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IIMC@CHICAGOLIGHTHOUSE.ORG

FOR OFFICE USE ONLY

ORDER NUMBER:

RECEIVED:

ACKNOWLEDGED:

DATE

SIGNATURE

NEED BY: _____

INFORMATION OF INDIVIDUAL REQUESTING MATERIALS

LOCATION WHERE MATERIALS WILL BE SENT

NAME:	EMAIL:	SCHOOL/DISTRICT:
WORK TITLE:	PHONE:	ATTENTION:
DISTRICT/AGENCY:		ADDRESS:

INFORMATION OF STUDENT(S) USING MATERIALS

NAME	DOB	GRADE	LEGALLY BLIND	IEP	IIMC NOTES
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

MATERIALS REQUESTED

FOR OFFICE USE ONLY

TITLE:	ACCESS #	STATUS	SOURCE	PRICE	# OF ITEMS	DATE SENT
AUTHOR:						
PUBLISHER:	COPYRIGHT:					
ISBN:	QTY:					
TITLE:						
AUTHOR:						
PUBLISHER:	COPYRIGHT:					
ISBN:	QTY:					