BRAILLE

NAME OF VISION COORDINATOR OR STATE APPROVED SPECIAL EDUCATION DIRECTOR:	ILLINOIS INSTRUCTIONAL MATERIALS CENTER 1850 W. ROOSEVELT RD CHICAGO, IL 60608-1228 PHONE: 312.997.3699 FAX: 312997.1687 IIMC@CHICAGOLIGHTHOUSE.ORG	FOR OFFICE USE ONLY
_____ DATE SIGNATURE	NEED BY: _____	ORDER NUMBER: RECEIVED: ACKNOWLEDGED:

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	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
IEP	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
IIMC NOTES					

MATERIALS REQUESTED		FOR OFFICE USE ONLY					
TITLE:		ACCESS #	STATUS	SOURCE	PRICE	# OF ITEMS	DATE SENT
AUTHOR:							
PUBLISHER:	**COPYRIGHT:**						
ISBN:	**QTY:**						
TITLE:							
AUTHOR:							
PUBLISHER:	**COPYRIGHT:**						
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