

LARGE PRINT

NAME OF VISION COORDINATOR OR STATE APPROVED
SPECIAL EDUCATION DIRECTOR:

ILLINOIS INSTRUCTIONAL MATERIALS CENTER
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CHICAGO, IL 60608-1228
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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	<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
IEP	<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
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:						
ISBN:	QTY:						