

TEXTBOOK ORDER

SD BRAILLE & TALKING BOOK PROGRAM
MERCEDES MACKAY BUILDING
800 GOVERNORS DRIVE
PIERRE SD 57501-2294
Local Telephone (605) 773-3131
Toll Free: 1-800-423-6665
Fax (605) 773-4950
Web Site: library.sd.gov/btb

Date order received: _____

Date order processed: _____

Student Library ID#: _____

Orders received after **January 15**, will not be assured shipment by the beginning of the school term.

Date: _____

Student Name: _____

Current Grade level: _____

If student will be receiving recorded textbooks, please check if he/she is currently a member of Learning Ally – formerly Recording for the Blind & Dyslexic _____ ID# (if known)

School Name: _____

Attention: _____

Street Address: _____

PO Mailing Address: _____

City: _____ Zip Code: _____

Email Address: _____

Telephone #: (_____) _____ Fax #: _____

=====

Summer Contact Name: _____

Summer Street Address: _____

Summer PO Mailing Address: _____

City: _____ Zip Code: _____

Email Address: _____

Telephone #: (_____) _____ Fax #: _____

**ALL INFORMATION MUST BE OBTAINED FROM THE
STUDENT COPY OF THE TEXTBOOK!!!**

Book Title & Subtitle _____

Author: _____ Publisher: _____

Copyright Date: _____ Grade Level or Edition _____

Format required: Braille Large Print ISBN#: _____
(please indicate all formats needed) (student's copy)

Book Rebinding for Large Print Only (schools cost): No ___ Yes ___ - See attached form!!

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Copyright Date: _____ Grade Level or Edition _____

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Textbook Payment Authorization Form

A bill will be sent to the school for all costs of producing a large-print or braille textbook. The SD Braille and Talking Book Program now requires a signature of the person ordering the textbooks and a signature of either the school principal or superintendent. Please include complete address for where the bill should be sent.

Please sign below if you want alternative format textbooks produced and you agree to pay all costs accrued in the production of these textbooks.

Student Name _____

School Name _____

Contact Name _____

Street Address _____

PO Mailing Address _____

City _____ Zip _____

Telephone# _____ Date _____

Signature of person ordering the textbooks

Signature of person authorizing payment of the textbooks

REBINDING AUTHORIZATION FORM

A bill will be sent to the school from Pheasantland Industries for all costs of requested rebinding of print textbooks. The SD Braille and Talking Book Program now requires a signature of the person (teacher or administrator) ordering textbooks, and complete addresses.

*** Please sign below if you do, in fact, want rebinding done.**

Your complete address may help rebinding to be done in a more timely and efficient manner.

Student Name _____

School Name _____

Contact Name _____

Street Address _____

PO Mailing Address _____

City _____ Zip _____

Telephone# _____ Date _____

*** Authorizing Signature** _____