

Application for Service

Voice of the Blue Ridge
3435 Melrose Ave., NW
Roanoke, VA 24017
(540) 985-8900
1-866-985-8900 (toll-free)
(540) 985-8992 (fax)
[Http://www.vobr.org/](http://www.vobr.org/)

WVTF, Radio Reading Service
3520 Kingsbury Lane
Roanoke, VA 24014
(540) 989-8900
(540) 231-8900 - Blacksburg
1-800-856-8900 (toll-free)
(540) 776-2727 (fax)
[Http://www.wvtf.org/](http://www.wvtf.org/)

Name: _____
Prefix Last First Initial

Institution or Facility (if applicable): _____

Address: _____ Phone: _____
Street (include room or apartment number)

Birth Date: _____

City State Zip

Your e-mail address: _____ @ _____

Check here if you DO NOT want the Radio Reading Service.

Check here if you DO NOT want the Dial-In News Service.

Upon receipt of your application we will send you the Radio and Listening Instructions and Guides.

Send instructions in : Braille Large Print

Please Continue on Back of the Page: 

Certification

To be completed by a physician, nurse, librarian or social worker:

This certification is required for reading services in order to comply with federal law.

I certify that the above named applicant cannot read or effectively use printed materials as a result of the following condition(s):

Signature: _____ Title: _____

Phone Number: _____

Signature

I have signed below, or have **personally requested** this service and authorized this application be signed on my behalf.

Signature of applicant: _____ Date: _____

Secondary Contact Person

We need contact information of a person not living with you. They will only be contacted if your mail is returned and you have not contacted us with a new address and phone number.

Name: _____ Phone: _____

Radios remain the property of Voice of the Blue Ridge and the Radio Reading Service and must be returned when no longer in use by the person above.

Office Use: ID# _____ Security# _____ Serial# _____ Date: _____