

Control Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Division of Rehabilitation Services  
Office for Blindness & Vision Services  
Request for Materials in Alternate Format(s)**

**Requester Information:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Office/Location: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Materials Needed By/Due Date: \_\_\_\_\_

(Request must be submitted at least 3 business days prior to due date)

**Format(s) and Copies Requested:**

Braille (*[Instructions for File Preparation](#)*)

☐ Grade I (usually for beginners) ☐ Grade II Number of copies: \_\_\_\_\_

Digital Audio Files (*[Instructions for File Preparation](#)*)

☐ .mp3 file emailed Email address: \_\_\_\_\_

**Special Instructions:**

File Name of Document Being Submitted: \_\_\_\_\_

Type of Document (e.g., IPE, memo, etc.): \_\_\_\_\_

Did you retain a copy of the text or CD and request form? ☐ Yes ☐ No

**Comments:**

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**Submit this form along with the electronic text file  
via email to [Beneda Cannady](#) in OBVS at WTC.**

**To be completed when document is Brailled and delivered:**

Date Completed: \_\_\_\_\_

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_