

**Missouri School for the Blind Library Media Center
Permission to Borrow Braille Books Form**

Please print or type

School District: _____

District Administrator: _____

Title: _____

The professional staff members listed below have my permission to borrow braille books for students in this district who are visually impaired from the Library Media Center at Missouri School for the Blind for school year _____.

I understand that these individuals will be borrowing books in my name and that I will receive, by email, a list of books that have been borrowed each time this occurs. I also understand that I am responsible for making sure that all borrowed materials are returned in a timely manner. If materials are not returned, I understand that borrowing privileges may be suspended until the missing materials are returned or replaced.

District Administrator Signature: _____

Email Address: _____ Date: _____

Please return this to Mary Dingus, Missouri School for the Blind, 3815 Magnolia Ave., St. Louis, MO 63110; or fax it to Mary Dingus at 314-773-3762.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.