

MIRC Equipment Repair/Return Form

(Include this form in box with returning unit)

Date:

Name of Person Returning:

Student Name:

School District:

Phone:

Email:

Product: LT/Classic Braille Serial #
 Smart Braille Serial #
 Jupiter Serial #
 Other, please list Serial #

If this product is in need of repair, please provide a description of the problem with this unit

Do you need a replacement product? Yes No

(Please also email [Gabrielle Borders](mailto:gabrielle.borders@msb.dese.mo.gov) if you need a replacement.

Shipping Address for Replacement

Please do not use Styrofoam peanuts to pack Braille, use inserts included with original shipment.

Please ship back products in original box.

Please also return adapters, power cords, cables, program disks, or other accessories.

Return equipment with this form to:

Gabrielle Borders, Supervisor
Missouri Instructional Resource Center
Missouri School for the Blind
3815 Magnolia Avenue
St. Louis, MO 63110

gabrielle.borders@msb.dese.mo.gov