

CERTIFICATION OF DISABILITY

Please explain the nature of the disability which qualifies this individual as print handicapped* (please be specific):

* Print handicapped is defined as the inability to access conventional printed information due to a visual impairment, a learning disability, or a physical impairment which prohibits the holding of reading material.

Only one of the following descriptions is necessary.

Visual Impairment:

Physical Impairment:

Other (please specify):

I do hereby certify that the applicant named above is unable to use conventional print as a result of the disability described:

Certified by _____ **Title** _____
Please print name of professional

Address _____ **Telephone #** _____
Number and Street City State Zip Code

Signature _____ **Date** _____

FOR OFFICE USE ONLY:

Receiver type: _____ **Serial number:** _____ **Date issued:** _____

Date returned: _____ **Reason for return:** _____

Contacted: _____ **Left Message:** _____ **Doesn't want Radio**
(date) (date)

Wants radio / will call back to arrange pick-up

Wants radio / please mail

Wants radio / please have it delivered

Wants radio / please contact: _____ **Phone:** _____

Mail application to: WXXI Reachout Radio, P.O. Box 30021, Rochester, NY 14603-3021