



**Certification of Eligibility  
PRCVI – Print Disability Services**

*Please return completed form to:*

**Provincial Resource Centre for the Visually Impaired**  
106 – 1750 West 75<sup>th</sup> Ave · Vancouver , BC · V6P 6G2  
Tel: (604) 266-3699 · Fax: (604) 261-0778

The Provincial Resource Centre for the Visually Impaired (PRCVI) has made available, on a partial cost-recovery basis, the PRCVI collection of audio tapes and e-text to students certified to be print disabled. For purposes of this service, print disability students are students who, for reasons of a sensory, physical or neural disability, cannot effectively use print materials.

To ensure that the conditions for the copyright permission are met, we require certification of the student's eligibility for print disability services. In lieu of other documentation, please complete and return this form to PRCVI at the above address.

**Please complete ALL sections A, B, and C**

*A. Student Information*

Student's Name (first, last) \_\_\_\_\_ Birthdate: Y \_\_\_ M \_\_\_ D \_\_\_

School: \_\_\_\_\_ SD name & No: \_\_\_\_\_ Grade: \_\_\_\_\_

Shipping \_\_\_\_\_  
Address: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

*B. Authorization for Release of Information*

I hereby request that the information on this form be released to the Provincial Resource Centre for the Visually Impaired (PRCVI) and the Ministry of Education to enable my child to obtain print disability services.

Parent/Guardian (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Signed at (location): \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

*C. District Authorization*

*This section must be signed by the School District Superintendent or designate or the designated authority of an Independent school.*

I certify this student has a sensory, physical or neural disability necessitating the use of audio taped and / or e-text materials.

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

Administrator Name & Title: \_\_\_\_\_

District Office Address: \_\_\_\_\_

**COPYRIGHT RESTRICTIONS PROHIBIT THE DUPLICATION OF THESE MATERIALS OR THEIR USE BY  
OTHER THAN STUDENTS CERTIFIED WITH A PRINT DISABILITY.**

**For PRCVI Use Only**