Accessible Instructional Material (AIM) Center 300 NE 18th Street Oklahoma City, Oklahoma 73105-3212 1-800-523-0288 (toll free) 405-521-3514 voice

Student Information Form

Please provide an updated form *each school year* and type or legibly print ALL information.

Student's Legal Name		
(First)	(M.I.)	(Last)
Student's DOB	Student's grade	
Student's disability (check all t	hat apply)Multi	Visually Impaired
	Blind	Registered with Federal Quota
Please indicate reading medium	1:	
LARGE PRINT	BR	AILLE
Shipping address (include respo	nsible party name and name	of school/organization if applicable)
Responsible Party Name		
Education Coordinator, School	l Principal, Superintender	a responsible party (VI Teacher, Special nt, etc.) We must be able to reach that) as well as during school hours.
Responsible party's name and	title	
Non-school address, phone #, a	nd email	

All Information provided is confidential, and access to it will not be granted.

Email form to pwatson@okdrs.gov