AUTHORIZATION TO RELEASE MEMBERSHIP INFORMATION

TO: Washtenaw Library for the Blind and Physically Disabled @ AADL

You are hereby authorized and directed to furnish verification of my membership in the National Library Service for the Blind and Physically Handicapped to [please check all that apply]:

- Learning Ally
- NFB Newsline
- Aurora Ministries (bibles in audio format)
- WKAR Radio Talking Book (Lansing)
- Detroit Radio Information Service (DRIS) (Detroit)
- Other __________________________

You are requested not to disclose any other information to any other persons without my written authority to do so.

[Printed Name]

[Signature] [Date]

Return this form to: WLBPD@AADL
343 S. Fifth Ave.
Ann Arbor, MI 48104