

Name of State Approved Director of Special Education
or Vision Coordinator:

BRaille

MATERIALS ORDER FORM
ILLINOIS INSTRUCTIONAL MATERIALS CENTER
THE CHICAGO LIGHTHOUSE

FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED
1850 W. ROOSEVELT ROAD CHICAGO, IL 60608-1298
312-997-3699

TEACHER ORDER NUMBER - OFFICE USE ONLY

Date _____ Signature of Director of Sp. Ed. or Vision Coordinator _____

iimc@chicagolighthouse.org

NAME of person whom Materials Center can contact for information on this order: PHONE: _____
E-Mail: _____
ADDRESS _____

SHIP TO: _____
SCHOOL: _____
ADDRESS (City, State, Zip Code) _____

A. Name of Student(s) Using Materials: _____ B. Current Ocular Report on file with IL Instructional Materials Center? Yes No

1. _____ 2. _____ 3. _____ 4. _____

INSTRUCTIONS: PLEASE SEND ORIGINAL ONLY TO THE ABOVE ADDRESS
THE MATERIALS CENTER RESERVES THE RIGHT TO REFUSE ANY ORDER

PLEASE ENTER THE DATE NEEDED BY: (MM/DD/YY)
____ / ____ / ____

FOR OFFICE USE ONLY

RECEIVED: _____ ACKNOWLEDGED: _____

QUANTITY	TITLE AND DESCRIPTION			INSTRUCTIONS	SOURCE	PRICE	NUMBER OF ITEMS	DATE SENT
	TITLE							
	SERIES							
	AUTHOR							
	PUBLISHERS							
	GRADE LEVEL	COPYRIGHT DATE	ISBN:	OTHER SOURCES				
	TITLE							
	SERIES							
	AUTHOR							
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