

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

**LARGE-TYPE**

**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

iimc@chicagolighthouse.org

TEACHER ORDER NUMBER - OFFICE USE ONLY

Date \_\_\_\_\_ Signature of Director of Sp. Ed. or Vision Coordinator \_\_\_\_\_

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							
	PUBLISHERS							
	GRADE LEVEL	COPYRIGHT DATE	ISBN:	OTHER SOURCES				
	TITLE							
	SERIES							
	AUTHOR							
	PUBLISHERS							
	GRADE LEVEL	COPYRIGHT DATE	ISBN:	OTHER SOURCES				

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