The Director General of the National Diet Library

1-10-1 Nagata-cho, Chiyoda-ku, Tokyo

100-8924 JAPAN

**Application for User Registration for the Data Transmission Service for Persons with Print Disabilities**

I hereby apply to register as a user of the Data Transmission Service for Persons with Print Disabilities of the National Diet Library.

Date of application:

Please fill in the following information.

|  |  |
| --- | --- |
| Name  (Roman alphabet) |  |
| Date of birth  (day/month/year) |  |
| Address |  |
| Country | \* If outside Japan. |
| Reason for application | \*Please provide a description of your disability that affects reading. |
| E-mail address |  |
| TEL | \*Include country code if outside Japan. |
| FAX | \*Fill in if you prefer to be contacted by FAX. Include country code if outside Japan. |

(For internal use only. Please do not write below this line)

国立国会図書館使用欄（郵・東・西・子） 受理番号： 年

|  |  |  |  |
| --- | --- | --- | --- |
| 受理年月日 |  | 証明書類（本人確認） |  |
| 承認年月日 |  | 証明書類（障害確認） |  |