



**SC Association of the Deaf, Inc.**  
**437 Center Street • West Columbia • SC • 29169**

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## **Driver Communication Visor Card Form**

(Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Best way to contact you:**

Video Phone (VP)# \_\_\_\_\_ TTY Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Text Only    Voice Only    Voice and Text  
(Circle One)

**Check one:**     I am Deaf     I am Hard of Hearing

I would like to receive a free driver communication visor card.

Please sign and return this form to:

SC Association of the Deaf  
437 Center Street  
West Columbia, SC 29169

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_