



**VIRGINIA INDUSTRIES FOR THE BLIND (VIB)**

An Enterprise Division of the Virginia Department for the Blind and Vision Impaired (DBVI)

**Request for Waiver Release Form**

**Send To:**  
Virginia Industries for the Blind  
Attn: Waiver Reviewer  
Fax: (434) 473-7772  
eMail: customerservice@vibonline.org

Date:

Agency Name:

Person requesting release:

Title:

Requestor's Phone Number:

Email:

Address:

End User's Department:

End User's Name:  
(if different from requestor)

Title:

**ITEM(s):** Indicate the item(s) requested to be purchased from an alternate source:

LINE #	VIB ITEM#	PRODUCT DESCRIPTION	QUANTITY
1			
2			
3			

**JUSTIFICATION:** For each item listed above, indicate the specific functional requirements not met by VIB's product(s) with a clear explanation to substantiate your request. (NOTE: Personal preference **may not** be used as a justification for waiver.)

Above corresponding Line #

1	
2	
3	

**Section to be completed only by VIB.**

Above corresponding:

Line # 1:	<input type="checkbox"/>	GRANTED	<input type="checkbox"/>	DENIED	DATE: _____
Line # 2:	<input type="checkbox"/>	GRANTED	<input type="checkbox"/>	DENIED	DATE: _____
Line # 3:	<input type="checkbox"/>	GRANTED	<input type="checkbox"/>	DENIED	DATE: _____

**IF GRANTED, THIS WAIVER IS GOOD FOR THIS ONE-TIME PURCHASE ONLY; UNLESS OTHERWISE NOTED BY VIB IN THE COMMENTS SECTION BELOW.**

**COMMENTS:**

VIB AUTHORIZED SIGNATURE	DATE