



Mailing Address:
SC Association of the Deaf, Inc.
437 Center Street • West Columbia • SC • 29169



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)

_____ Yes, I am interested in receiving information about smoke alert alarm in my home.

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

PLEASE READ & SIGN:

In agreeing to give us your name, address, and phone number for the VISOR CARD, you are allowing us to share your information with your local First Responders and Emergency personnel. This includes Fire, Police, EMT's and 911 centers.

This helps them know where you live so they are able to make an effort in helping you during **emergencies**. Also, helps them know that they may have problems getting your attention or communicating because you are Deaf or Hard of Hearing.

Signature: _____

Date: _____