

# Request for Waiver Release Form

Writing Instrument Contract

DATE: \_\_\_\_\_

MAIL TO: Virginia Industries f/t Blind  
1535 High St., Richmond 23220  
ATTEN: Waiver Reviewer  
FAX TO: (804) 786-4582

Requestor's phone number (            )      Requestor's fax number (            )  
Agency requesting release:

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Address:

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Person requesting release: \_\_\_\_\_

Title: \_\_\_\_\_

User's Department: \_\_\_\_\_

User's name (if different from requestor):

Title: \_\_\_\_\_

Indicate the items requested to be purchased off state contract

ITEM NO. PRODUCT BRAND TYPE - MODEL - DESCRIPTION QUANTITY

- 1.
- 2.
- 3.

FOR EACH ITEM ABOVE, LIST **SPECIFIC FUNCTIONAL REQUIREMENTS**  
NOT BEING MET BY VIRGINIA INDUSTRIES FOR THE BLIND PRODUCT  
WITH AN EXPLANATION.

(PERSONAL PREFERENCE *IS NOT* CONSIDERED JUSTIFICATION FOR  
WAIVER)

Above corresponding:

ITEM NO. 1.

ITEM NO. 2.

ITEM NO. 3.

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Above corresponding: **Section to be completed by VIB**

ITEM NO. 1.  GRANTED             DENIED            DATE:

ITEM NO. 2.  GRANTED             DENIED            DATE:

ITEM NO. 3.  GRANTED             DENIED            DATE:

COMMENTS:

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VIB AUTHORIZED SIGNATURE

DATE