



**Library-by-Mail at SJPL**  
**Application and Certification Form**

Library-by-Mail at SJPL provides books and other library materials to San José Public Library members of all ages living in the City of San José. This service is only for individuals who are unable to visit the library due to a temporary or permanent physical disability. This application must be completed in full. After submitting this application you will be emailed a certification form. Please share the certification form with your certifying authority for completion. A certifying authority can be a physician, nurse, or social worker. If you are unable to complete this form or need assistance with the certification process, please contact us at 408-808-2000 or email [accessibility@sjlibrary.org](mailto:accessibility@sjlibrary.org) so that we may assist you. Enrollment is complete once certification is verified by SJPL staff.

When enrollment is completed, library staff will contact you and explain how the Library-by-Mail service works, including how to contact a Library-by-Mail liaison if you have questions or for assistance requesting materials.

Please send the following page completed and signed to the following address:

**San Jose Public Library**  
**Attn: Library-by-Mail, KPRR**  
**150 East San Fernando Street**  
**San Jose, CA 95112**

Or, email a copy to [accessibility@sjlibrary.org](mailto:accessibility@sjlibrary.org)

If you need assistance or have any questions, please call 408-808-2000 or email [accessibility@sjlibrary.org](mailto:accessibility@sjlibrary.org).

# LIBRARY-BY-MAIL APPLICATION & CERTIFICATION FORM



Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Do you have a SJPL library card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Card number: _____
If no, have you applied for one?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Confirmation: _____
I will need assistance placing holds	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

I give permission for SJPL staff to check out materials on my behalf and record my checkout history with the understanding that my information will be kept confidential. **Signature:** \_\_\_\_\_

As parent/guardian of the applicant, I give permission for SJPL staff to check out materials on their behalf and record their checkout history with the understanding that the information will be kept confidential. **Signature:** \_\_\_\_\_

**To be certified by a physician, nurse or social worker**

I certify that \_\_\_\_\_ is physically unable to visit the library due to health, mobility, advanced age, visual impairment, blindness, physical disability or permanent or temporary incapacity.

Certifier's name (print): \_\_\_\_\_ Certifier's Signature: \_\_\_\_\_

If disability is temporary, please indicate length \_\_\_\_\_

**Certifiers**  
Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_