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 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

If you need assistance or have any questions, please call 408-808-2000 or email 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 □ NO Card number: _________________________

If no, have you applied for one? □ YES □ NO Confirmation: __________________________

I will need assistance placing holds □ YES □ NO

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: ___________________________