

Library-by-Mail at SJPL



LIBRARY-BY-MAIL CERTIFICATION FORM

Please complete and sign the following page and mail to the following address:

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

Or email to copy to accessibility@sjlibrary.org

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: _____