

**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](mailto: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:** \_\_\_\_\_