



San Francisco Public Library

# Library by Mail Application

*For San Francisco residents who are unable to leave their home due to a permanent disability.*

**Please print or type**

*An incomplete application will delay its processing.*

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ SF, CA Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License/CA ID# \_\_\_\_\_

Do you have a SFPL library card? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please provide the number \_\_\_\_\_

\*You must attach a valid photo ID with your current SF address. (Visit [www.sfpl.org/validid](http://www.sfpl.org/validid) for a list of accepted photo ID options.)

Please note: LINK+ and InterLibrary Loan (ILL) items may not be borrowed.

Applicant must sign below:

**I will be responsible for all library items borrowed by me. By signing below, I also confirm that I qualify for Library by Mail and that the information I have provided is true.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please have your certifying authority complete the next page.**

**TO BE CERTIFIED BY A PHYSICIAN, REGISTERED NURSE, OR SOCIAL WORKER:**

I certify that \_\_\_\_\_ is physically unable to travel to the Library.

CERTIFIER'S NAME: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CERTIFIER'S SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

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Questions? Please call 415-437-4835 or email [talkingbooks@sfpl.org](mailto:talkingbooks@sfpl.org).

Please send completed application to the following address:

Talking Books and Braille Center  
San Francisco Public Library  
Attn: Library by Mail  
100 Larkin Street  
San Francisco, CA 94102