



# Library By Mail APPLICATION

(\*Required fields)

\*Your full legal name: \_\_\_\_\_

\*Street address: \_\_\_\_\_

Facility name, if applicable: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (Format example: 08/01/1956): \_\_\_\_/\_\_\_\_/\_\_\_\_

Best time to be contacted: \_\_\_\_Morning \_\_\_\_Afternoon \_\_\_\_Evening

Preferred method of contact: \_\_\_\_Phone \_\_\_\_Email \_\_\_\_Through caregiver

Name of caregiver: \_\_\_\_\_ Contact info: \_\_\_\_\_

Person to contact if we are unable to reach you: Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

### Type of print material preferred

\_\_\_\_ Large print \_\_\_\_ Regular print

\_\_\_\_ Paperback \_\_\_\_ Magazine

### Type of non-print material preferred

\_\_\_\_ Books on CD \_\_\_\_ Music CD

\_\_\_\_ DVD \_\_\_\_ PlayAway

How did you hear about Library By Mail? \_\_\_\_\_

Do you have any additional comments or instructions? \_\_\_\_\_

\_\_\_\_ Check here to give Library By Mail permission to keep a record of material sent to you to avoid duplication.

Please fill out the Eligibility Requirements and Certification form on the next page, sign the agreement, and return it with this completed form. Return the form via

USPS mail to: **Library By Mail, Glen Burnie Library**

**1010 Eastway**

**Glen Burnie, MD 21060**

The forms may also be returned to the Glen Burnie Library in person.

# Library By Mail Eligibility Requirements

Please check the one (1) most applicable criterion:

Chronic Illness  Visual impairment  Disability

Injury/Temporary condition. If injury/temporary condition, how long do you expect to be homebound? \_\_\_\_\_

## Certification of Eligibility

Certification of eligibility for Library By Mail service is required by a certifying authority. A certifying authority is defined to include: doctors of medicine (physicians), doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, social workers or any professional approved by the librarian in charge of Library By Mail service at the Glen Burnie Library.

A certifying authority must complete the following section certifying that the applicant of the included form has the condition indicated.

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Agency address: \_\_\_\_\_

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

Certifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that I am eligible to receive Library By Mail service. I understand that I assume financial responsibility for the materials I receive, and for making sure the materials are returned to the Anne Arundel County Public Library.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



