

CALS – Books by Mail Service Application

Please print clearly and fill out both sides of this application.

Name _____ Phone _____
 First Last

Address _____
 Number & Street Apt.

 City State ZIP

If you have a CALS library card, please fill in your barcode numbers here _____

If you do not have a library card, you must complete the enclosed application.

Email contact (if you have one) _____

To receive CALS Books by Mail Service, you must accept the following conditions:

1. CALS Books by Mail Service has permission to use my library card to check out library materials to me;
2. CALS has my permission to keep a list of materials that I use through this service. I understand that this list will not be used for any other purpose, and my right to privacy will be respected;
3. I understand that fines apply to items that are not returned by the due date stamped in the card in the pocket of the library materials, and that I am liable for them if my items are overdue.

Signature _____ Date _____

To be filled out by a physician, nurse, social worker or library branch manager. Please print applicant's name.

I consider _____ physically unable to travel to the library.

Signature _____ Date _____

Please print your name _____

Physician ___ Nurse ___ Social Worker ___ Librarian _____

Affiliation _____

Address _____

Number & Street

City

State

ZIP

Phone _____

If the disability is temporary, please estimate how long this service will be needed.

Start Date _____ End Date _____

