

# Bookshare Membership Application Written Proof of Disability Form

## Step 1 – Identifying Information

To be filled out by the Applicant (All fields are required. Please type or print.)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_

School or Group Account Name (if applicable): \_\_\_\_\_

Please indicate the disability that prevents you from effectively reading standard print by placing an “x” next to the one that applies:

**Visual impairment, including blindness**

Learning disability

Other physical disability

## Step 2 – Proof of Disability

To be filled out by Certifying Professional: (please type or print)

I attest, under penalty of perjury, to the physical basis of the visual, perceptual or other physical disability limiting the applicant’s ability to effectively use standard print, and that I have the professional qualifications to make such a certification.

Name of Certifying Professional: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Region \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

