Outreach Services Alamance County Public Libraries 342 S. Spring Street, Burlington, NC 27215

Please complete and return this form to any ACPL branch library or mail directly to the above address.

APPLICATION FOR SERVICE	
	Date:
Applicant Name:	Name of Parent/Guardian (if under 12)
Address:	
City/State/ZIP:	Phone:
FreeMa	atterPostalProvisions
Individuals may no	te relatives may not certify applicants. ot certify themselves, regardless of profession.
I certify that:	TIFICATION OF DISABILITY Date:
Name:	
is unable to use or read conventione	ally-printed material due to
a physical or visual disability.	
or social service In absence of any of the above, eligibility	or Optometrist f member of a hospital or other health agency. may be certified by a professional
librarian whose competence under specific the Library of Congress.	ic circumstances is acceptable to
Print or type certifier's name:	Certified by (signature):

City/State/ZIP:

Address:

Revised 9/26/2016