Please complete this form and return it to Bookshare® with the signature of a professional with the appropriate expertise to determine eligibility (“Professional”).

The Proof of Disability section must be completed and signed by a Professional who attests to the visual, learning, perceptual, reading or physical disability that limits the applicant’s use of standard print.

There are many types of Professionals, medical and otherwise, who can complete this form and their expertise and level of training may differ according to the disabilities being certified. For more information about qualifications and Professionals who can determine eligibility, please see our website: [Who qualifies for Bookshare? - Bookshare](https://www.bookshare.org/help-and-learning-articles/who-qualifies-for-bookshare)

**Where to Send:**

Please email the completed form with signature of the qualified professional to Bookshare as an attachment. The form must be signed and completed to be approved. If you are unable to email the form, you are welcome to fax it to us or send by regular mail.

**Email to: pod**@bookshare.org

OR:

FAX: +1 (650) 475-1066

OR:

Send by Postal Mail to:

Bookshare

3790 El Camino Real, Suite 1072

Palo Alto, CA 94306

USA

Please contact us with any questions: <http://www.bookshare.org/contactUs>

# Step 1 – Member’s Information (Applicant)

All fields are required. Please type or print.

**Member Name:**

**Address:**

**Phone #:**

**Email Address:**

**Date of Birth:**

**Name of parent or guardian:**

(if member is under the age of 18)

# Step 2 – Proof of Disability

To be completed by a Professional who can determine eligibility. Please type or print

## Please place an "X" next to any that apply for the above Applicant:

Visual impairment that prevents effective reading of standard print (blind, legally blind, or with other functional vision limitations).

Learning (perceptual or reading) disability that prevents effective reading of standard print.

Physical disability that prevents effective reading of print or the use of a print book.

## Certifying Professional

**Name:**

**Title:**

**Organization:**

**Address:**

**Phone #:**

**Email Address:**

*I attest, under penalty of perjury, that the applicant has a visual, perceptual, learning, reading, or other physical disability that limits their ability to effectively use standard print and that I have the professional qualifications to make such a determination and/or have legal access through my organization to existing written documentation attesting to this fact.*

## Professional’s Signature:

## Date: