



Books-by-Mail Participation Application

Books-by-Mail Participation Criteria

Books-by-Mail is for Library Users who are unable to leave home due to a permanent or temporary disability and requires verification from a physician, nurse, social worker, or assisted living center staff member.

I have read and understand the Books-By-Mail participation criteria.

Participant Contact Information

Name (print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Library Card Number: _____

I have a library card, but I don't know my library card number.

I don't have a library card and would like to receive an application.

Verification Contact Information

Verification for participation is required from a physician, nurse, social worker, or assisted living center staff member.

Verifier Name: _____

Hospital/Practice/Institution Name: _____

Hospital/Practice/Institution Phone Number: _____

Once you've completed the application, submit it by email to booksbymail@nolalibrary.org, by giving it to any Library staff member at any Library location, or by mailing it to the address below:

*Books-by-Mail
New Orleans Public Library
219 Loyola Avenue
New Orleans LA, 70112*

