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Complete the online registration form to receive a KCLS library card if you don't have one already: www.kcls.org/usingthelibrary/card/

King County Library System Application for Waiver of Onsite Library Card Activation

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Birthdate _____

Email _____

Certification of Eligibility

Please have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, professional staff member of a hospital, or a managing librarian of a library that has a reciprocal agreement with KCLS certify your waiver eligibility in the space provided.

I certify that the applicant named is unable to visit a KCLS library for any one of the following reasons:

Legally Blind: Persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

Visually Handicapped: Persons who need aids other than regular glasses for reading standard printed materials.

Physically Handicapped: Persons unable to drive.

Deaf and Blind

Signature _____ Title and Occupation _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date _____

Mail to: **King County Library System
Attn: Mobile Services
960 Newport Way NW
Issaquah, WA 98027**

Staff will notify you when your card has been updated to allow checkout.