

Request for Reconsideration of Library Material

Request initiated by (please print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you represent yourself or an organization? _____ Name of organization: _____

Title: _____

Author: _____

Publisher/Producer: _____

Please circle the type of material: Book Magazine/Newspaper Video Audio Material Other

If Other: _____

Did you read, view, or listen to the entire work? _____ If not, what parts? _____

What do you believe is the overall theme for this material? _____

Is there anything, in your opinion, that is good about the material? _____

To what in the material do you object? Please be specific and cite page numbers or examples when possible. _____

What do you feel might be the result of reading, viewing, or listening to the material? _____

Are you aware of the judgement of this work by literary or other critics? _____

Would you like your Library to: Reevaluate this material _____ Relocate or reclassify this material _____

Withdraw this material from the Library collection _____

Signature: _____ Date: _____