

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Date: _____

Title: _____

Author: _____ Call number: _____

Material Type: Book ___ Audiobook ___ DVD ___ Other ___

Request Initiated by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Requestor Represents:

____ Self

____ Organization (name) _____

____ Other Group (name) _____

1. Did you read, view, or listen to the entire work? Yes ___ No ___ If not, which parts _____

2. To what do you object? Please be specific and cite pages, discs, or video time stamps.

3. What is your opinion of the item's value? Please include any thoughts or recommendations regarding age groups for which it would be acceptable. _____

4. What would you like the Library to do about the material?

1) Move to another location in the library more suitable to its intended age group or audience. If so, please describe the recommended location

2) Withdraw item _____

3) Other _____

5. What material would you recommend in its place? _____

Signature _____ Date _____