

Request for Reconsideration of Library Materials Form

(This form may be printed out and returned to the library)

Title of item _____ Book__ Magazine__ Other__
Author of item _____

Request initiated by _____
Address _____ Phone _____
City _____ State _____ Zip code _____

Do you represent?

____ Yourself

____ An organization (name) _____

____ Other group (name) _____

* * * * *

1. Did you read or view the entire work? _____ What parts did you read or view?
2. To what in the work do you object? (Be specific; cite pages, sections etc.)
3. What do you believe is the theme of this work?
4. In your opinion, is there anything good about this work?
5. What do you feel might be the result of reading or viewing this work?
6. What would you like the library to do about this material?
7. Is there a title you would recommend as a substitute?

Signature _____ Date _____