

Request for Reconsideration of Library Materials

Title _____

Check one: Book _____ Periodical _____ Video _____ Other _____

Author: _____

Publisher: _____

Request initiated by _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone _____

Do you represent: _____ yourself
 _____ an organization (name) _____
 _____ other group (name) _____

1. To what in the work do you object? [Please be specific. Cite pages.]

2. Did you read the entire work? _____ What parts? _____

3. What would you like the library to do about this work?
_____ Return it to the library staff for reevaluation of age appropriateness of collection placement.
_____ Return it to the library staff for reevaluation of inclusion in library collection.
_____ Other - Explain: _____

Signature: _____

Date: _____

For Library Use Only:

Staff Member receiving form: _____ **Date:** _____

Collection Developer: _____ **Date:** _____

Resolution: _____

_____ **Date:** _____

Library Director Review: _____ **Date:** _____

Library Board Agenda Date (if applicable): _____

To be filed in Library Director's Office.