

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS FORM

Date: _____

Your Contact Information:

Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Do you represent:

___ Yourself

___ An organization (Name)

___ Other group (name)

In completing this form, I am:

requesting removal of a current resource

expressing concern over the way a resource is being managed or cataloged

other (please state): _____

Title

Author

Type (book, magazine, DVD)

Publisher

Date of Publication

1. To what in the work do you object? (Please be specific, cite pages)

2. Did you read the entire work? If not, then what parts did you read?

3. What brought this resource to your attention?

4. What do you feel might be the result of reading this work?

5. For what age group would you recommend this work?

6. What do you believe is the theme of this work?

7. Are you aware of judgments of this work by literary critics?

8. What would you like the Library to do about this work? Return it to reference librarians for re-evaluation? Other (explain)

9. Can you suggest other resources that may provide additional information and/or other viewpoints on this topic?

Signature _____ Date _____