

Requests 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?
____ Do not allow my child to check the material(s) out
____ Have the librarian and board rep reconsider the material(s)
____ Withdraw it from the collection
7. Which title would you suggest as a substitute? _____

Signature _____ Date _____