

Request for Reconsideration of Library Materials

Title: _____

Author: _____ **Publisher:** _____

This is a: _____ book _____ magazine _____ recording _____ movie _____ other: _____

Request initiated by (your name): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Do you represent?

_____ yourself

_____ an organization (name): _____

_____ other group (name): _____

1. To what in the work do you object (please be specific; cite page numbers):

2. Did you read/view/listen to the entire work? _____yes _____no
If not, which parts have you read/viewed/listened to?

3. What do you feel might be the result of reading/viewing/listening to this work?

4. For what age group would you recommend this work? _____
5. What do you believe is the theme of this work?

6. Are you aware of judgments of this work by literary critics? _____
7. What would you like the library to do about this work?

8. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

Signature: _____ **Date:** _____

Please use the reserve side if necessary.