

Request for Reconsideration of Library Materials

Date: _____

If you have found materials or library resources about which you have concerns, please complete this form to assure prompt, complete consideration by Library staff.

Material for Consideration

Author/Producer: _____ Publisher: _____

Title: _____

Dewey number (if any): _____ Date/Edition: _____

Type of material:

Book Magazine/Newspaper DVD/CD Electronic database

Other: _____

Did you read, view, or listen to the entire work or a portion of the work? All Part

Please describe your concerns regarding this material:

What specific pages/sections illustrate your concerns?

Contact Information

Name: _____

Address: _____

City: _____ Zip: _____

Organization represented: _____

Email/Telephone: _____