RECONSIDERATION OF LIBRARY MATERIALS FORM

Library policy requires that requests for reconsideration of library materials be filed on this form. A copy of the Library’s Materials Selection Policy will be made available to you. Please answer the questions, sign and date the form. Thank you for taking the time to provide the necessary information.

Name

Address

Phone

Do you represent yourself? ________ Organization? (name)________________________

Resource on which you are commenting (circle one) Book Audio Video/DVD Magazine Other (please specify)_________________

Author

Title

Publisher

1. What concerns you about this resource? Please cite specific passages, pages, etc.

2. Is your objection to this material based upon your personal exposure to it, upon reports you have heard, or both?

3. Have you examined (read, heard, seen) the material in its entirety?

4. What do you feel might be the result of reading, hearing, seeing this material?

5. What do you believe is the theme of this material?