

Appendix F – Request for Reconsideration of Library Materials

Title _____

Material type (circle one) **Book** **Periodical** **Video** **Other** _____

Author _____

Publisher _____

Person initiating request _____

Address _____ City _____

State _____ Zip _____ Phone number _____

Email _____

Do you represent _____ Yourself
 An organization
 (name) _____

 Other group (name) _____

1. To what do you object? (Please be specific. Cite pages.)

2. Did you read the entire work? Yes/
 No If no, which parts? _____

3. What would you like the library to do about this work?

_____ Return it to library staff for reevaluation of age appropriateness of collection placement

_____ Return it to library staff for reevaluation of inclusion in library collection

_____ Other – explain _____

Signature _____ Date _____

For Library Use Only

Staff member receiving
form

Date _____

Collection

Developer

Date _____

Library Director

Review

Date _____

Resolution

Date _____

Library Advisory Board agenda date (if
applicable)

To be filed in Library Director's office.