



Request for Reconsideration of Library Materials
Please fill out form and return to any library staff member.
Final decision rests with the Library Director.

Date:

Member Name:

Membership Number:

Phone Number:

Email Address:

Title of work:

Author:

Date of publication:

What brought this item to your attention?

Have you read, viewed, or listened to this item in its entirety? If not, what portions of it have you read, viewed, or listened to? (List portions by page number, time into audio/video, or other identification.)

To what specific aspects of the item do you object? Cite specific pages, passages, or scenes.

Can you suggest any materials to provide additional information or other viewpoints on this topic? (Use back of page and additional page, if necessary.)

Member Signature and Date