

Request for Reconsideration of Library Materials

Title _____

Author/Creator _____

Format Book Magazine DVD Audiobook Music _____ Other

What specifically causes you concern about this material. Cite page/time stamp/portion of video/audiobooks.

What do you think would be the result of reading/viewing/listening to this work?

Are there any positive aspects to this work? If yes, please explain.

Did you read/view/listen to the entire work? Yes No

What specific action would you recommend to library leadership?

Request initiated by (Print Name) _____

Signature _____

Phone _____

Email _____

Address Street/City/Zip _____

Do you represent

Yourself

Organization (Organization Name) _____

Date _____

Signature of Parent/Guardian if Request Filed by Minor _____