

Request for Reconsideration of Library Resources

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

1. Resource on which you are commenting:

- Book Textbook Video Display
 Magazine Library Program Audio recording
 Newspaper Electronic information/ network
 Other (List/name): _____

Title _____

Author/producer _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? _____

4. What concerns you about the resource? (Use other side or additional pages if you wish.)

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. Are you presenting the request on your own behalf? _____

7. If you are presenting the request on behalf of a group or organization, please provide its name.

_____ Thank you.

Signature _____ Date _____

Approved _____ Denied _____