

Request for Reconsideration of Library Materials Form

Title: _____

Author/Artist: _____

Publisher/Producer: _____

This is a ___ book ___ magazine ___ CD ___ video/DVD ___ other: _____

Request initiated by (your name): _____

Address: _____

Telephone Number: _____

Email Address: _____

Who do you represent: ___ yourself ___ an organization ___ another group

If an organization or group please provide the name: _____

Please answer all of the questions below. Please attach separate page(s) as needed.

1. To what in the work did you object? Please provide specific page numbers, passages, lyrics, etc.

2. Did you read/listen to/watch the entire work? If not, what parts did you read/listen to/watch?

3. What do you feel might be the result of reading/listening to/watching this work?

4. For what age group would you recommend this work?

