

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

CONTACT INFORMATION Name: Phone: _____ Email: ____ On whose behalf are you submitting this request? ☐ Yourself ☐ An organization Name of organization (If applicable): INFORMATION ABOUT THE ITEM Title: Author: Format: _____ Audience: _____ INFORMATION ABOUT YOUR REQUEST What are you requesting for the item in question? ☐ Addition to the library collection □ Removal from the library collection □ Relocation to another part of the library ☐ Other (Please describe as specifically as possible) Have you read, listened to, or viewed the work in its entirety? If not, what part(s) of the work have you read, listened to, or viewed?

What are your thoughts or concerns about the work in question? Please be as specific as possible including page numbers or timestamps if applicable. You may submit this description on a separate page or separate pages.			
Do you have any additional thoughts or commer	tts?		
	_		
Signature	Date		
Thank you for submitting your request. If you h	aven't, please view the Collection Development		
Policy on our website, which lays out the library			
	ctor will acknowledge the receipt of your request		
within one week.			
Staff Initials & Date Received:			