

REQUEST FOR RECONSIDERATION FORM

TITLE: _____

AUTHOR/LIBRARIAN _____

BOOK? _____ IF NO, WHAT? _____

Name of person making request: _____

Address: _____ Telephone: _____

Patron Represents himself: _____ A group? _____

If Group, give name: _____

1. What do you believe is the theme or purpose of the material or program?

2. Is your objection to this material or program based upon personal exposure to it, upon reports you have heard or both?

3. Have you read/heard/seen the material or program in its entirety? _____

4. To what do you specifically object? _____

5. Does the material have any merit or value? _____

6. Are you aware of the judgment regarding the book or material by literary or educational reviewers (applicable to books only)?

7. What action would you recommend be taken regarding the use of this material or program?

Signature: _____ Date: _____