



Request for Reconsideration of Library Material

Location: ☐ LIN ☐ SMY ☐ MGL ☐ EAG ☐ BKM ☐ HRC ☐ TEC

Author/Artist _____ **Title** _____

Format of Material: ☐ Book ☐ Video ☐ Music ☐ Audiobook ☐ eBook or eAudio ☐ Other

Your Name _____ **Library Card No.** _____

Address _____ **City, State & Zip** _____

Do you represent: ☐ Yourself ☐ An Organization

If applicable, name and address of organization: _____

1. To what in the material do you object? Please be specific; attach additional pages as needed.

Cite pages or sections: _____

2. Did you read, view, or listen to the entire work? ☐ Yes ☐ No

3. For what age group would you recommend this material?

☐ Children (Pre-K to Grade 6) ☐ Young Adult (Grade 7-12) ☐ Adult

4. Are you aware of any reviews/critiques of this work? ☐ Yes ☐ No If yes, please attach or cite.

5. Recommended action to be taken by library: ☐ Withdraw ☐ Reevaluate for age-appropriateness

Patron Signature

Date

Office Use Only

Date Received: _____ **Date Responded:** _____

Action Taken (use back of form if needed): _____

Supervisor Signature