



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 _____

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 (age 0-12) Young Adult (age 13-17) 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