



REQUEST FOR RECONSIDERATION FORM

CONTACT INFORMATION

NAME

DATE

STREET

PHONE NUMBER

CITY, STATE, ZIP

E-MAIL

COUNTY

LIBRARY CARD NUMBER (OPTIONAL)

Do you represent a group? _____ If so, name the group: _____

ITEM INFORMATION

TITLE

PUBLICATION YEAR

AUTHOR

MATERIAL FORMAT

RECONSIDERATION QUESTIONS

What brought this material to your attention?

Have you read / listened / viewed the entire item? ☐ Yes ☐ No

(flip)

What are your areas of focus in the material? Please be as specific as possible and cite pages if applicable.

What do you feel might be the result of reading/listening to/viewing this material?

What do you believe is the theme or purpose of this material?

For what age group would you recommend this material?

Suggested Course of Action:

☐ Update item ☐ Shelf it elsewhere ☐ Remove it from library ☐ Balance collection

☐ Other (please specify): _____

Please explain how such an action would improve the Library's service to the community.

Are there any elements of value in this material? Please describe.

Have you read any reviews of this material? If so, please cite.

In its place, what material of equal literary or scientific value would you recommend that would convey as valuable a picture and perspective of the subjects treated?

What material(s) can you suggest that adds supplemental information or counterbalances the view point of this material?
