Materials Reconsideration Request Form

SECTION: 12.3.b

PLEASE PRINT INFORMATION

Date: __________________________

Library / Branch: ____________________________________________

Title: ___________________________________ Author: ________________________

Publisher (If Known): ___________________________________________ ISBN (If Known): ________________________

Request Initiated By:

Last Name ___________________ First Name ___________ MI ______

Address __________________________ City ___________ State ______ ZIP ______ Phone (Day) ______

Resource on which you are commenting:

[ ] Movie [ ] Audio Recording [ ] Game [ ] Other

Is concern voiced by Group or Self? (Check Box) [ ] GROUP [ ] SELF

Concern(s) with Material (Please Explain):

________________________________________________________________________

________________________________________________________________________

Did you read entire book (material)? [ ] YES [ ] NO

If NO, what parts did you read? ____________________________________________

Are you aware of any reviews for this book (material)? [ ] YES [ ] NO

If YES, please cite: _______________________________________________________

Is there anything else you would like us to know about the material? 
________________________________________________________________________

________________________________________________________________________

Signature: ______________________________________________________________

Approved: June 2005
Reviewed: January 2012
Updated: February 2022