

Request for Reconsideration of Library Material form

The completed form will be reviewed by the Wead Library Director/Designee and the staff member responsible for selection of the material in relation to the Library's mission and selection criteria. Expect to receive a reply to the request within thirty days of receipt of the request. The material in question will not be removed from the shelf during the reconsideration process.

Name _____

Address _____

City _____

State _____

Zip code _____

Phone _____

Do you represent: ☐ Self? ☐ Organization (please name) _____

Type of material:

☐ Book

☐ DVD

☐ Audio item

☐ Periodical

Title _____

Author _____

Date Published/Produced: _____

What brought this item to your attention? _____

What concerns you about the material? (please be specific and cite pages) _____

Have you reviewed the entire item? If not, what parts? _____

What do you feel the effect of the material might be? _____

What material of equal or better quality would you recommend to replace the item? _____

Signature _____

Date _____

