Appendix C

Request for Reconsideration of Library Materials

Material Type: ____Book ____Periodical ____Videocassette ____Audiocassette ____Other (please specify:__________)

Title:____________________________________________________________

Author __________________________________________

Call number (if available)________________________

Request initiated by:_____________________________________________

Street address:_________________________________________________________

City:___________________________ Zip:__________ Telephone:_____________________________

I represent: ____myself ____organization/group (please specify:_______________)

1. I have read, reviewed, or heard the complete work: ____Yes ____No

2. To what material(s) in this work do you object and why? (Please cite pages or sections)
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. Have you read or heard reviews of this material? ____Yes ____No

If yes, please attach copies or provide citations for those reviews.
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Signature of complainant_________ Date_________

These comments will be reviewed by the Library Director. The complainant will be notified in writing of the Director's decision.