

**REQUEST FOR RECONSIDERATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Requester represents (please check one):

Self

Organization (please identify) \_\_\_\_\_

Please identify the item in question and answer the questions that follow:

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Call Number: \_\_\_\_\_

1. To what material do you object? (Please be specific; give page numbers)

2. For what age group would you recommend this material? \_\_\_\_\_

3. Did you read or listen to the entire item? If not, what parts? \_\_\_\_\_

4. What would you like the Library to do about the material? (check one)

Move it from Children's to Young Adult       Withdraw it  
 Move it from Young Adult to Adult       Re-evaluate it

5. Can you recommend an alternative title on this topic?

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_