

## REQUEST FOR RECONSIDERATION FORM

TITLE: \_\_\_\_\_

AUTHOR/LIBRARIAN \_\_\_\_\_

BOOK? \_\_\_\_\_ IF NO, WHAT? \_\_\_\_\_

Name of person making request: \_\_\_\_\_

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

Patron Represents himself: \_\_\_\_\_ A group? \_\_\_\_\_

If Group, give name: \_\_\_\_\_

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1. What do you believe is the theme or purpose of the material or program?  
\_\_\_\_\_

2. Is your objection to this material or program based upon personal exposure to it, upon reports you have heard or both?  
\_\_\_\_\_

3. Have you read/heard/seen the material or program in its entirety? \_\_\_\_\_

4. To what do you specifically object? \_\_\_\_\_

5. Does the material have any merit or value? \_\_\_\_\_

6. Are you aware of the judgment regarding the book or material by literary or educational reviewers (applicable to books only)?  
\_\_\_\_\_

7. What action would you recommend be taken regarding the use of this material or program?  
\_\_\_\_\_

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