

APPENDIX
Request for Reconsideration Form

TITLE OF MATERIAL: _____

AUTHOR/LIBRARIAN _____

FORMAT OF MATERIAL (book, DVD, program)? _____

Name of person making request: _____

Address: _____

Telephone: _____ Email: _____

Are you representing yourself or group? _____

If Group, give name: _____

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 reviews about the book or material by literary or professional reviewers?

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

Signature: _____

Date: _____