MATERIALS RECONSIDERATION FORM

Title: ________________________________________________________________

Author: ______________________________________________________________

Publisher: ___________________________________________________________________

Type of Material: ___________________________________________________________________

To what in the work do you object? (Please be specific. Cite pages.)
________________________________________________________________________

Did you read the entire work?

☐ Yes  ☐ No    If no, what parts?

________________________________________________________________________

Are you aware of the opinions of professional critics regarding the material?

☐ Yes  ☐ No

How was it brought to your attention?

________________________________________________________________________

What would you suggest the library District purchase to replace this item in the collection?

________________________________________________________________________
Name: _______________________________________________________________

Phone number: _______________________________________________________

Mailing address: ______________________________________________________

City, State and Zip Code: ______________________________________________

E-mail address: _______________________________________________________

☐ Do you represent yourself? ☐ An organization or group

____________________________________________________________________

Name of Organization or Group

Signature: ________________________________

Date: ________________________________