



Albany Public Library

www.albanypubliclibrary.org

MATERIAL RECONSIDERATION REQUEST FORM

REQUESTOR INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email: _____

Representation (if applicable)

Is this request being made by you on behalf of a group or organization? Yes No

If yes, please indicate the organization's name and briefly describe the organization's mission/purpose:

MATERIAL INFORMATION

Format: Book DVD Magazine Electronic Resource Library Program
 Other (please specify format) _____

Title/URL: _____

Author(s): _____

Action you would like taken regarding this item: Add to collection Withdraw from collection

What brought this material to your attention? _____

Have you examined the entire work? Yes No

What do you believe is the purpose of this material? _____

Please share your reasons for requesting reconsideration of this item. Please be specific, and include citations from the material where appropriate. Attach additional sheets if needed.

Signature

Date