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.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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Signature ___________________________ Date __________________