

Reconsideration of Materials Form



Your Information

Name:	_____	Date:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip code:	_____
Library Card #:	_____	Email Address:	_____
I would like a response using this communication method:			

Material Details

***One title per form, please**

Type of Material for reconsideration:
Author: _____
Title: _____
1. Why would you like this material to be reconsidered? (Please be specific, include page numbers, specific passages, and/or time stamps)

2. What is your greatest concern with this title being available in our collection?

3. What action do you recommend the library take on this material?

4. What items would you like to recommend for our collection?
