

Cook Memorial Library

Request for Reconsideration of Library Materials (Revised 3/12/12, reviewed 3/14/16)

Type of item: Book ___ Periodical ___ Other ___ Today's date _____

Title/name of item _____

Author _____

Publisher _____

Request initiated by _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Do you represent yourself ___ or an organization or group ___? (please check one)

Organization/group name _____

To what in the work do you object? (cite pages) _____

Did you read the entire work? Y ___ N ___ If not, what parts?

What do you feel might be the result of reading this work?

To what age group would you recommend this work?

Are you aware of judgments of this work by literary critics?

What would you like your library to do about this work?

Do not lend it to my child ___ Move it to another location ___

Return it to the staff selection committee for reevaluation ___

Other ___ (explain):

In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?