REQUEST FOR RECONSIDERATION

Members of the community may request that an item in the library collection be reviewed to consider if it should be relocated or removed. We welcome input from the community and any titles in the collection may be reviewed once every two years. Upon receipt of a Request for Reconsideration, a committee of professional librarians will begin the review process. A confirmation acknowledging the request will be sent within five business days and will include an estimated time frame for the review process. The committee’s decision will be communicated to the requestor by Library Administration. You are welcome to attach an additional note if you need more room.

Name: __________________________________________________________________________________

Address: ________________________________________________________________________________

City:____________________________________________ Zip code:___________________________

Telephone: ________________ Email address: _________________________________________________

Please identify the item in question and answer the questions that follow:

Author: ______________________________________________________________________________________

Title: ___________________________________________________________________________________

1. To what material do you object? (Please be specific; give page numbers)

________________________________________________________________________________________

________________________________________________________________________________________

2. For what age group would you recommend this material? _______________________________________

3. Did you read, listen to, or view the entire item? If not, what parts?

________________________________________________________________________________________

________________________________________________________________________________________

4. What would you like the Library to do about the material? (check one)

______ Move it from Children’s to Young Adult     ______ Withdraw it

______ Move it from Young Adult to Adult      ______ Re-evaluate it

5. Can you recommend an alternative title on this topic?

________________________________________________________________________________________

Signature: ________________________________________________________ Date: _________________

Staff Use ONLY:

Accepted by: ____________________________

Request for Reconsideration Form 05252023.docx