REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Campus/ Site: Date of Request:
Title of Work:
Check one: Book Periodical Other (describe):
Author: Publisher:
Your Name:
Address:
City/State/Zip Code Phone:
Do you represent? Yourself (Check One): An Organization Name: Other Group Name: Other Group Name:
To what in the work do you object? (Please be specific and cite pages.)
Did you read the entire work? Yes No If no, what parts?
What do you feel might be the result of reading this work?
What do you believe is the theme of this work?
Are you aware of judgments of this work by professional critics?
What would you like the library to do about this work? Return to Acquisitions Dept. Other (Describe): for Re-evaluation In its place, what work do you recommend that conveys as valuable a picture and perspective of the subject treated?
Your Signature Date

Form 1451/001 (11/04)