

Dermott O'Toole Memorial Library

Request for Reconsideration of Library Materials

If you are requesting reconsideration of more than one item, then complete a separate form for each item.

Date: _____

Your Name: _____

Your Address: _____

Phone: _____

Email: _____

Title of Library

Material: _____

Author of Library

Material: _____

1. How did you learn of this item?

2. What are your objections to this item?

3. What harm do you feel might result from reading, listening to, or viewing this work?

4. Did you read, listen to or view the work in its entirety? If not, what parts did you read, listen to or view?

5. Have you read any professional reviews of the work? Circle one: Yes. No. If yes, please list the names of reviewers and the sources in which it/they were published.

6. What do you think are the main ideas of the work or what was the author's/artist's purpose in creating the work?

7. What suggestion do you have for a work with a similar purpose to replace this item?