

Material Reconsideration Form

Name: _____

Address: _____

Phone: _____ Email: _____

Represents: Self ___ Organization ___ (If person making the inquiry represents an organization)

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Material Information

(If objection is to material other than a book, change wording of the following so that they apply)

Title: _____

Publisher: _____

Author: _____ Date: _____

Please share responses to the following questions to help us understand your objection(s).

1. How did you learn of this book?

2. What are your objections to this book? Please be specific, e.g. cite pages or timestamp.

3. What harm do you feel might be the result of reading this book?

4. Did you read the entire book? YES _____ NO _____

If not, what parts did you read?

5. Is there anything worthwhile in the book?

6. Have you read any professional reviews of the book? YES _____ NO _____

If yes, please list critics and sources of the reviews:

7. What do you believe are the main ideas of the book?

8. What do you think was the author's purpose in writing the book?

9. In view of the author's purpose would you say he/she has succeeded or failed?

10. What book with a similar purpose would you suggest in place of this book?

Signature of Inquirer: _____ Date: _____

Receipt by Librarian: _____ Date: _____

Approved by Library Board 3/9/2022