

LIBRARY MATERIALS RECONSIDERATION FORM
Print Material

Format: () Book () DVD () Other: _____

Author/Director/Artist: _____ Call # _____

Title _____

1. Did you read/watch/listen to the entire work? Yes()No() If not, which parts did you?

2. What specifically do you find objectionable in this work? (Please explain and cite pages or timestamps.)

3. What do you think could result from other people reading/watching/listening to this work?

Reconsideration initiated by _____

(Please Print Name)

Address _____ Phone _____

(Signature)

(Date)

Date Received _____ by _____

(Staff Member)

Glenside Public Library District, 25 E Fullerton Ave, Glendale Heights, IL. 60139

(Use other side for additional comments.)

This form is not confidential.