

LIBRARY MATERIALS RECONSIDERATION FORM

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? (Explain and cite pages or timestamps, attach additional pages if necessary.)

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

4. What would you like the library to do with the item?

Reconsideration initiated by _____
(Please Print Name)

Address _____ Email _____

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.