

Request for Reconsideration of Library Materials Form

ITEM DESCRIPTION

Author _____
Title _____
Publisher or Producer, if known _____
Date of Publication or Production _____
Type of Material _____
Library in which Item is Used _____

REQUEST INITIATED BY _____
Address _____
Telephone Number _____

Person making this request represents: her/himself group/organization
Name of group _____
Address of group _____

1. Did you review the entire item? _____ If not, what sections did you review?

2. To what in the item do you object? (Please be specific; cite pages, frames, or sections.) _____

3. In your opinion, what harmful effects might result from the use of this item?

4. For what age group would you recommend this book? _____

5. Do you see any value in the use of this item? (Instructional, literary, self-development?) _____

6. Are you aware of the judgment of this book by literary critics? _____

7. In the place of this item, would you care to recommend other material which you consider to be of equal or superior quality for the purpose intended?

Signature _____ Date _____

Auglaize County Public District Library
203 South Perry Street, Wapakoneta, Ohio 45985
(419) 738-2921 or (419) 738-2961