

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Item Type: _____

Item Title: _____

Item Author: _____

Item Location: _____

Please describe the reason you want this item reconsidered:

Please describe your desired resolution:

Your name (Optional): _____

Your phone number (Optional): _____

Would you like us to notify you of our decision? Circle One: Yes No
(If you would like notification, we will require a phone number or address).

FOR LIBRARY USE

Item Purchaser: _____

Date of Purchase: _____

Reason Material Was Purchased:

Reason Material Was Catalogued as It Was:

Reconsideration Panel Members:

Reconsideration Panel Decision:

