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:
________________________________________________________________________
________________________________________________________________________