

**Request for Reconsideration of Materials/Program/Display Form (circle one)**

Title of Work/Program/Display \_\_\_\_\_

Author/Presenter \_\_\_\_\_

Format of Item (Book, Periodical, DVD, etc.): \_\_\_\_\_

Publisher: \_\_\_\_\_

Request Initiated by (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do You Represent (Check One):

\_\_\_\_\_ Self Only      \_\_\_\_\_ An Organization or Group

If Organization, Name: \_\_\_\_\_

1. Have you read or viewed the entire work? \_\_\_\_\_
  - a. If no, which parts did you read or view? \_\_\_\_\_
2. To what in the work do you object? \_\_\_\_\_
3. What do you feel might result in the reading or viewing of this work? \_\_\_\_\_
4. What do you believe to be the theme of this work? \_\_\_\_\_
5. Are you aware of any reviews of this work by critics? \_\_\_\_\_
6. In its place, what would you recommend that would convey as valuable a picture and perspective of the subject area treated? \_\_\_\_\_
7. How was this item brought to your attention? \_\_\_\_\_
8. Are there any good things in this material/display/program? \_\_\_\_\_
9. What else would you like us to know about this specific item? \_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received By(staff initials) \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_