

CALHOUN COUNTY LIBRARY
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Item Description

Author _____ Date of Publication _____
Title _____
Publisher _____ Type of Material _____

Patron Information

Request initiated by _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Person making the request represents:

- Himself/Herself
- An organization (name) _____
- Other group (name) _____

Other Information

What brought the item to your attention?

To what in the item do you object? Please be specific and give page numbers.

Did you read the entire work? _____ Yes _____ No If not, what parts did you read?

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

For what age group would you recommend this item? _____

Do you see any value in the use of this item (instructional, literary, self-development)?

Are you aware of reviews of this work by professional literary critics?

In 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?

Patron signature _____ **Date** _____