



REQUEST FOR RECONSIDERATION OF MATERIALS OR PROGRAMS

Name _____

Street Address _____

City _____ State/Zip _____

Phone _____ Email _____

Library Card # (if applicable) _____

I represent myself.

I represent an organization. Name of organization: _____

1. Resource or program on which you are commenting:

___ Book ___ Program ___ Magazine ___ Audiovisual resource
___ Digital resource ___ Game ___ Newspaper ___ Other (please explain below)

Title _____

Author/Producer/Presenter _____

Shelf location/Audience _____

Other _____

2. What brought this resource or program to your attention?

3. Have you examined/watched the entire resource or program? If not, what portion did you review? _____

4. What concerns you about the resource or program?

5. Are there resource(s) or program(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action(s) are you requesting the library consider?

By signing below, I agree I have read and understood the Leach Library Collection Development Policy and request the library to reconsider this material or program.

Signature _____ Date _____

Return completed form to the Leach Library Circulation Desk.
The Leach Library appreciates your interest in the library's collection.

FOR LIBRARY STAFF USE ONLY

Date received _____ Date of acknowledgment _____

Date of Materials Review Committee meeting _____

Decision _____

Date of notification _____

Adopted by the Board of Trustees on 7/20/2022