Madison Library
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Date: ____________________

Your Name ___________________________________________________________________

Address_______________________________________________________________________

City____________________________ State______ Zip__________ Telephone_____________

Do you represent self? ____________ Organization? ________________________________

1. Resource on which you are commenting:
   ____ Book  ____ Textbook  ____ Video  ____ Display  ____ Magazine  ____ Library Program
   ____ Audio Recording  ____ Newspaper  ____ Electronic information/network (specify)
   ____ Other __________________________

2. Title ______________________________________________________________________

3. Author/Producer ____________________________________________________________

4. What brought this resource to your attention?

5. Have you examined the entire resource?

6. What concerns you about the resource? (use other side or additional pages if necessary)

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

Signature: ___________________________________________________________________