Request for Reconsideration of Library Materials

Date: ____________

Please complete this form to assure prompt, complete consideration by Library staff. Of note, the Library follows the American Library Association’s Library Bill of Rights and Freedom to Read and Freedom to View statements.

CONTACT INFORMATION
Name: ____________________________________________________________
Address: __________________________________________________________
City: ___________________________ Zip: __________________________
Telephone: ___________________________ Address: ___________________________
Email: ____________________________

MATERIAL FOR RECONSIDERATION
Type of Material:
___ Book ___ Magazine/Newspaper ___ Video/DVD/CD ___ Electronic Database ___ Audio/CD
Other: ____________________________________________________________

Author/Producer: ___________________________ Publisher: ___________________________

Title: ____________________________________________________________

Date/Edition: ____________________________________________________

Have you read, viewed or listened to the entire work or a portion of the work? _____ All _____ Part _____ None

Has this work gone through the reconsideration process in the last 24 months? _____________

Please attach a response to the following questions:

Describe your concerns regarding this material.

What specific pages/sections illustrate your concerns?

Are you aware of the judgment of this work by recognized authorities in the field?

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

Have you read the Highland Park Public Library Material Selection Policy?

Additional resources: