

Request for Reconsideration

Requestor:

_____	_____	_____
Name	Full Address	Library Card Number
_____	_____	_____
Email	Phone Number	Date

Initial to indicate you have completed the following:

Read the Collection Development Policy _____

Believe the item does not meet the guidelines of the collection development policy _____

Read or listened to the item in its entirety _____

Item:

_____	_____	_____
Title	Author	Item Bar Code Number

What about this material do you believe falls outside of the Collection Development policy?

Please be specific and site sections or page numbers for reference. *(Attach another sheet if needed)*

- ☐ Requesting item be removed from collection.
- ☐ Requesting item be relocated to a different section of the library's collection.

Which section: _____

Signature

Date