

# Request for Reconsideration

## Requestor:

_____	_____	_____
Name		Library Card Number
_____	_____	_____
Street Address	City	State
_____	_____	_____
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	Item Bar Code
_____	
Author	

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

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

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- Requesting item be removed from collection.
- Requesting item be relocated to a different section of the library's collection.
  - Children
  - Juvenile
  - Young Adult
  - Main Stacks
  - Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date