

## Corlears School Library Request for Reconsideration

Title \_\_\_\_\_

Author \_\_\_\_\_

Request initiated by:

Name \_\_\_\_\_ (anonymous requests will not be considered, to facilitate notification)

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Did you read/view the entire work? (circle) Yes No

What is/are your objection(s)? Please be specific, including page citations.

What is positive about this work?

What do you think might be some results of reading/viewing this material?

Do you have any recommendations for related works that you find more acceptable?

Signature \_\_\_\_\_ Date \_\_\_\_\_