REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Title	:			
			Publisher:	
Med	ia format: Book	Periodical	Other	
Requ	uest initiated by:			
Addı	ress:			
City:	·		State: Zip:	
Tele	phone:			
Do y	ou represent:			
	_ Yourself?			
	An organization ((name)		
	_ Other group (nan	ne)		
1.	To what parts in appropriate.	the work do you	object? Please be specific, citing pages or parts as	
2.	Which parts of the	ne work did you	review?	
3.	What do you fee	l might be the re	sult of reading, viewing or listening to this material?	

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4.	To what age group would you recommend this material?
5.	What do you believe is the theme of this material?
6.	Are you aware of any judgments or reviews of this material by literary critics?
7.	What would you like the library to do about this material?
8.	In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?
9.	Do you believe anyone has the right to tell you and your family what materials you should be able to read, view or listen to? If so, why? If not, why not?
a.	
Sign	ature: Date: