

Request for Reconsideration Form



This form must be completed in full to be considered. Please use additional pages if needed.

Request initiated by _____

Address: _____

Phone number: _____ Email: _____

WLPL card number: _____

You represent: Yourself Organization

Title of material: _____

Author: _____

Format: Book E-book CD audiobook E-audiobook
 DVD CD Program Display Other: _____

1. What brought this material to your attention?

2. Did you read/view/listen to the entire work? Yes No
If no, which parts did you read/view/listen to?

3. What do you believe is the main idea or message explored in this material?

4. What concerns you about this material? Be specific and cite page numbers or song titles when possible:

5. What do you feel might be the result of reading/viewing/listening to this material?

Continued on other side

6. What is beneficial or positive about this material?

7. Are you aware of the professional reviews of this material?

8. For what age group would you recommend this material?

9. What would you like the library to do about this material?

Move to a different department Remove from the library Other (please explain):

I have read and understand the West Lafayette Public Library's Request for Reconsideration of Materials policies and procedures.

Signature _____ Date _____

STAFF USE ONLY

This form was received by _____

Date _____ Time _____

Action taken: