

**IRVING PUBLIC LIBRARY SYSTEM
REQUEST FOR RECONSIDERATION OF MATERIALS**

Name _____ Date _____

Address _____

Card number _____

City _____ State _____ Zip _____ Telephone _____

1. Resource on which you are commenting:

Book Audiovisual material

Magazine or newspaper Online database or digital resource

Title _____

Author/Producer _____

Publisher (if known) _____

2. Are you representing a group of patrons for this request? Yes No NA

Name of group or organization (if applicable): _____

3. What brought this title to your attention?

4. What is your objection to the material? Please be specific; cite pages. If additional space is required, use back. _____

5. What do you believe the result of reading or using this material will be? Why?

6. Library staff uses specified criteria when evaluating a request for reconsideration of material. Access to the relevant policies are available on the Library's website. Have you had an opportunity to review a copy of the Request for Reconsideration Policy and Collection Development Policy?

Yes No

7. Did you read the entire book or examine the material thoroughly? Yes No

If not, what parts did you read or examine? _____

8. In your judgment, is the material of any literary, educational, or cultural value? Please explain.

Are you aware of the judgment of this material by literary critics? Yes No

9. What do you believe is the theme or purpose of this material?

10. In its place, what material of equal literary quality would you recommend that would convey as valuable a picture of or perspective on the subject?

11. What are you suggesting the library do with this item?

Removal Re-Label/Re-Classify Other Restriction (please list below)

Customer's signature: _____

Printed name: _____

Received by: _____ Date _____