

Reconsideration of Materials Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

What is your library card number? _____

Do you represent yourself, or do you represent an organization? _____

If an organization, what is the name of the organization? _____

Title of

Material: _____

Author of Material: _____

Publisher: _____ Date of Publication: _____

Have you read the McClelland Library's Collection Development Policy? Yes or No

Have you read/viewed the material in its entirety? Yes or No

Are you aware of critical reviews and other comments concerning the material? Yes or No

If yes, list the names and sources of those reviews.

What brought this material to your attention?

What action are you requesting the library take with this material?

Reclassification to another section of the library _____

Removal from the library _____

Other _____

Signature:

Please return completed form to the McClelland Library for review. Thank you.