

Request for Reconsideration of Library Resource

AUTHOR: _____

TITLE: _____ **FORMAT:** _____

PUBLISHER: _____ **PUBLICATION DATE:** _____

Request initiated by: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____

Is this request made on behalf of :

_____ Yourself

_____ Organization _____

(Name of Organization)

Have you read/ viewed this title in its entirety? _____

What is your objection to the resource? (please be specific: i.e. cite pages.) _____

Is there anything positive about the resource? _____

Please state the reason for your request _____

Action Requested:

Have you read the KYRC Library Selection Policy? _____

Are you aware of the judgment of this resource by literary critics or area subject specialists? _____

(Please provide names of reviewers and citations for reviews, if known) _____

Can you recommend resources of comparable literary quality or another title that would convey the same perspective of the subject treated? _____

Date _____ Signature of Patron: _____

Date _____ Received by Staff Member: _____