

G.A.R. Memorial Library
Request for Reconsideration of Library Materials or Programs

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Do you represent a group? Yes No

If yes, please identify:

Have you read the G.A.R. Memorial Library's Materials Selection Policy? Yes No

Have you read the G.A.R. Memorial Library's Program Development Policy? Yes No

Type of material or program for which this Reconsideration Request is being submitted:

Title of material or program:

Author/Editor/Presenter:

Publisher (Skip if requesting reconsideration for a program):

Have you examined the entire resource (Skip if requesting reconsideration for a program)?

Yes No

If not, what portions have you examined?

What concerns you about the resource or program? Why? (Please be specific)

Have you checked reviews of the work (Skip if requesting reconsideration for a program)?

Yes No

If yes, please cite which reviews:

How could your concerns about the resource be resolved?

Patron Signature: _____

Date: _____

Library Director Signature: _____

Date Received: _____

Only fully completed and signed forms will be considered. The Library Director will acknowledge receipt of the form within two weeks.

A copy of the submitted request form without identifying patron information will be mailed to the American Library Association Intellectual Freedom Committee.

Form approved by Library Board of Trustees 7.11.2023