

**APPENDIX II**

**G.A.R. Memorial Library  
Request for Reconsideration of Library Materials**

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

Type of Material: \_\_\_\_\_

Title: \_\_\_\_\_

Author/Editor:

\_\_\_\_\_

Publisher:

\_\_\_\_\_

Have you examined the entire resource? Yes No

If not, what portions have you examined?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you checked reviews of the work? Yes No

If yes, please cite which reviews:

\_\_\_\_\_

How could your concerns about the resource be resolved?

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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.