



PATRON REQUEST FOR REVIEW OF LIBRARY MATERIAL

Please complete this form and return it to the Director's Office.

Are you aware the library has a material selection policy? _____
Have you read it? _____

Patron's Name _____ Phone Number _____
Address _____
Library Card Number _____

AUTHOR

TITLE _____

TYPE OF MATERIAL: Book _____ Other _____

PUBLISHER (if known) _____ **Copyright date** _____

Did you read/view/listen to this material in its entirety? _____

What did you enjoy and/or what knowledge did you gain from this material?

To what do you object? (Please cite specific pages, passages, sections, etc.)

In your opinion, what might be the result of reading/viewing/listening to this material?

Are you aware of reviewers' opinions of this material? _____

For what age group do you think this material would be appropriate?

What action do you suggest the library consider regarding this material?

In its place, what material of equal quality would you recommend that would convey as valuable a picture and perspective of our civilization?

Date _____ Signature of Patron _____

Policy 200-20a
Adopted 6/87
Revised 6/90, 6/22