

Beaufort County Community College Requests for Reconsideration of Library Materials Form

(This form may be printed out and returned to the library)

Title of item _____ Book__ Magazine__ Other__

Author of item _____

Call # of item _____

Request initiated by _____

Address _____ Phone _____

City _____ State _____ Zip code _____

Email _____

Do you represent

____ Yourself

____ An organization (name) _____

____ Other group(name) _____

1. Did you read or view the entire work? _____ What sections of the material did you read or view? _____

2. To what in the work do you object? (Be specific; cite pages, sections etc.)

3. What do you believe is the purpose or theme of this work?

4. In your opinion, is there anything good about this work?

5. What do you feel might be the result of reading or viewing this work?

6. What would you like the library to do about this material?

7. What title would you suggest as a substitute? _____

Signature _____ Date _____