



Request for Reconsideration Form

Contact Information

Name: _____

Date: _____

Street: _____

Phone: _____

City, State, ZIP: _____

E-mail: _____

Do you represent a group? _____ If so, name of group: _____

Resource Information

Resource that concerns you:

Book

Magazine

Newspaper

Other (please specify): _____

Library Program

Audio Recording

Electronic Resource/Web Site (please specify): _____

Display

Video/DVD

Title/URL: _____

Author/Producer: _____

Requested Action

Add it to the Library

Shelve it elsewhere

Remove it from the Library

Other (please specify): _____

Please explain how such an action would improve the Library's service to the community:

Details

Use the back of this paper if necessary to answer the following questions:

What in the work do you object to? Please be specific and cite pages if applicable.

Did you review the entire work? If not, then which parts?

In what way does this item violate the GFP Collection Development Policy?

Additional comments:

Signature

Signature

Date _____

Note: You will receive a written response to this request from the committee within 90 days. After receiving the response, if you feel your views have not been adequately considered or that the committee has not taken sufficient or correct action, you may appeal the decision in writing to the Library Director (2110 Library Circle, Grand Forks, ND 58201) within 30 days of receipt of the committee's decision.