

Highwood Library and Community Center

Request for Reconsideration of Library Materials

Date: _____

If you have found materials or library resources about which you have concerns, please complete this form to assure prompt, complete consideration by Library staff. Of note, the Library follows the American Library Association's [Library Bill of Rights](#) and [Freedom to Read](#) and [Freedom to View](#) statements.

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ Zip: _____

Representing Self _____ Representing Organization _____

Organization Represented: _____

Telephone: _____ Address: _____

Email: _____

MATERIAL FOR RECONSIDERATION

Type of Material:

____ Book _____ Magazine/Newspaper _____ Video/DVD/CD _____ Electronic Database _____ Audio/CD

Other: _____

Author/Producer: _____ Publisher: _____

Title: _____

Date/Edition: _____

Have you read, viewed or listened to the entire work or a portion of the work? _____ All _____ Part

Please attach a response to the following questions:

Describe your concerns regarding this material.

What specific pages/sections illustrate your concerns?

Are you aware of the judgment of this work by recognized authorities in the field?

Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

Have you read the Highwood Public Library Material Selection Policy?