



Request for Reconsideration of Library Materials



The Austin Public Library staff selects materials for all collections in accordance with the criteria stated in the Materials Selection Policy.

By completing this form, you are requesting that the Library:

☐ Remove item from collection

Please provide the following information:

Type of Material: _____
(book, recording, periodical, etc.)

Title of Work: _____

Author of Work: _____

Have you read, viewed, or listened to the entire work?

☐ Yes

☐ No

If not, with which parts are you familiar?

Have you read reviews of the work?

☐ Yes

☐ No

If so, please tell us where:

Are there portions of this work to which you specifically object?

☐ Yes

☐ No

If so, please cite page numbers:

Why do you feel the Library should reconsider this work?

Request for Reconsideration of Library Materials

Date

Your Name

Signature

Organization Represented (if any)

Address

Library Location

Staff Signature

Date Received

Staff please send form to Library Director immediately.

Request for Reconsideration of Library materials

FOR STAFF USE ONLY

Collection Development Manager opinion:

Director:

Agree ☐

Disagree ☐

Comments:

OUTCOME