

Appendix A
Request for Reconsideration form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

You represent (circle one): Self Organization (*please provide the name of organization below*)

1. Resource on which you are commenting:

_____ Book _____ Video _____ Display _____ Magazine

_____ Audio Recording _____ Newspaper _____ Library Program

_____ Electronic information/network (*please specify*):

_____ Other: _____

Title: _____

Author/Producer: _____

2: What brought this resource to your attention?

3. Have you examined the entire resource?

4. What are your concerns about this resource? (*use the other side or additional pages as necessary*)