KENT MEMORIAL LIBRARY
kentmemoriallibrary.org
Read. Learn. Imagine.

Request for Reconsideration of Library Materials

Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from an individual residing in the town. Please note the patron requesting reconsideration of library material will be given a packet of documents that includes the library's Collection Development and Maintenance Policy, the Library Bill of Rights, the Freedom to Read, and the Freedom to View statements from the American Library Association. These documents are available at the Information Desk and must be picked up in person.

Name_____Date_____

Address_____

Phone_____ Email Address_____

Do you represent yourself? _____

Do you represent an organization? (please identify) _____

1. Resource on which you are commenting: ____Book _____Display ____Movie ____Magazine ____Library Program ____Music ____Newspaper ____Artwork ____Other (please specify)

   Title_____

   Author/Artist/Producer/Provider_____

2. Specify which portion or portions of the material is objected to and explain the reason for your objection. (Use additional pages, if necessary.)

3. What brought this resource to your attention?

4. Have you read or viewed the material in its entirety? Y N

5. What concerns you about this material? (Use additional pages, if necessary.)

6. What do you believe is the purpose of this material?

7. For what age group should this material be recommended?

8. Overall, do you think there is any value in this material?

9. Are there resources you can suggest providing additional information and/or other viewpoints on this topic?

10. Are you aware of any critical reviews dealing with this material? List here, or provide as an attachment.

11. Why do you feel your negative feelings about this work should prevent other members of the Kent community, who may not share your concerns, from accessing this material?

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

Please sign and date below and return this form to the Library Director. You will be notified within 60 days of receipt of the results of the reconsideration process. Reconsideration requests are not confidential patron records under section 11-25 of the CT General Statutes.

Signature_____Date_____