Request for Reconsideration of Materials

Format (Book, DVD, etc.)_____

Author (if applicable)_____

Title_____

Publisher_____

Your name_____

Address_____Phone#_____

Did you read/view/listen to the entire work? _____

If not, what sections have you examined?_____

Why do you object to this item? (Please be specific, citing pages, sections, etc.)_____

_____

_____

What do you believe is good or useful about this item? _____

_____

_____

What prompted you to read, view, or listen to this item? _____

For what age group would you recommend this item? _____

What would you recommend to replace this item? _____

Signature_____

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