

Appendix A.

NNDSB - Request for Reconsideration of Library Materials

Please Print. **Date:** _____

Your Name: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Representing Self ____ **Group or Organization** _____

Resource in Question: Book ____ **Video** ____
[Author, Title, Publisher, Date, ISBN]

1. Did you read or view all of the item? Yes/No
If not, what sections did you read/view?

2. Why do you object to this item? Please be specific [page numbers, etc.]

3. In your opinion, for what age group would this material be appropriate?

4. What are you asking the Board to do?

- a. Not loan the item to my child/ren ____
- b. Withdraw it from the collection _____
- c. Re-classify it for older students _____
- d. Other _____

Signature

Date

Please return this form to the library of your child's school.

Office Use: Dewey number of the item: