



### Reconsideration of Library Materials Form

The Fergus Falls Public Library Administration and Board has authorized the use of this form in accordance with its Materials Selection Policy and administrative procedures. The completed form should be returned to the Library Director.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Do you represent:            Yourself \_\_\_\_\_            Organization \_\_\_\_\_

1. Resource on which you are commenting:

\_\_\_\_ Book            \_\_\_\_ Textbook            \_\_\_\_ Video            \_\_\_\_ Display  
\_\_\_\_ Magazine            \_\_\_\_ Library Program            \_\_\_\_ Audio Recording            \_\_\_\_ Newspaper  
\_\_\_\_ Electronic/Digital Resource            \_\_\_\_ Other \_\_\_\_\_

Title \_\_\_\_\_ Author/Producer \_\_\_\_\_

2. What brought this resource to your attention?

3. Have you examined the entire resource?

4. What concerns you about the resource? (use other side or additional pages if necessary)

4. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

Revised by the American Library Association Intellectual Freedom Committee on June 27, 1995

Approved 02/13/2012