

Request for Reconsideration of Audio/Visual Material



Please complete the following form which will be used by a review committee appointed by the Chief Executive Officer of the Tulsa City-County Library. After the committee makes a recommendation regarding your request, you will be notified in writing of the Library's decision.

Title _____

Format Video DVD CD Audiocassette Other

1. Please cover your specific objections (i.e. give examples)

2. Did you view/listen to the entire presentation? Yes No

3. If not, what parts did you view or listen to?

4. Would you recommend this material for a different age group? Yes No

5. What do you feel might be the result of watching or listening to this material?

6. Comments: Please give your reasons for requesting that this item be reconsidered for the Library collection. Use reverse side of this form for additional comments.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Staff Receiving Reconsideration: _____

Library: _____ Date _____