

Request for Reconsideration of Audio/Visual Material

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

Title: _____

Format: Video DVD CD 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 for additional comments.

Name: _____

Address: _____ City/State _____ Zip _____

Email: _____

Staff Receiving Reconsideration: _____

Manager's Signature: _____

Library: _____

Date _____

Please send this form and a physical copy of the item if available to SSC – Collection Manager.