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.