

Lehigh Public Library Request for Reconsideration of Library Materials Form

Date: _____ Name: _____

Address: _____

Phone: _____ Email: _____

Do you represent a group? Yes No If yes, please identify:

Have you read the Lehigh Public Library's Collection Development Policy?

Yes No

Type of Material: _____

Title: _____

Author/Editor: _____

Publisher: _____

Have you examined the entire resource? Yes No If not, what portions have you examined?

What concerns you about the resource? Why? (Please be specific)

Have you checked reviews of the work? Yes No If yes, please cite which reviews?

How could your concerns about the resource be resolved?

Signature: _____ Date: _____

Director's Signature: _____

Date Received: _____

Only signed forms will be considered. Please attach separate sheets if more space is needed. The Library Director will acknowledge receipt of the form within two weeks. A copy of the request form without identifying patron information will be mailed to the American Library Association Intellectual Freedom Committee.