



MATERIAL RECONSIDERATION FORM

Patron Name: _____ Library Card #: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip _____

Patron Represents: _____ Yourself
_____ Organization (Name: _____)

Type of Material: ___ Book ___ Audio ___ Video ___ Other

Author: _____

Title: _____

1. Did you read/watch/listen to the entire item? ___ Yes ___ No

2. What in the material do you object to? Please be specific and cite pages.

3. For what age group would you recommend this material? ___ Children ___ Teens ___ Adults

4. What would you like the Bryan + College Station Public Library System to do about this item?

Patron Signature

Date

* Entire form must be completed to be considered*

INTERNAL USE ONLY

Staff Signature Upon Receipt

Date

Library System Director Signature Upon Review

Date