

**LIBRARY MATERIALS RECONSIDERATION FORM**

The Hunt Library values your opinion. If you feel that there are materials in our collections which are inappropriate, please complete this form indicating as clearly and legibly as possible the nature of your concern. A librarian will contact you in the near future to discuss the problem.

**YOUR NAME**

\_\_\_\_\_

**RELATIONSHIP TO THE UNIVERSITY**

- |   |                                  |                                  |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Student          | <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff   |
| <input type="checkbox"/> Alumni           | <input type="checkbox"/> Trustee | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Community Patron |                                  | <input type="checkbox"/> Friend  |

**CAMPUS OR OTHER ADDRESS AND PHONE AT WHICH WE MAY REACH YOU DURING OFFICE HOURS.**

\_\_\_\_\_  
\_\_\_\_\_

**PHONE** \_\_\_\_\_

**TYPE OF LIBRARY MATERIAL(S) CONCERNED:**

- |                                    |   |                                   |
|------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Book      | <input type="checkbox"/> Video/DVD                  | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other Audiovisual Material |                                   |
| <input type="checkbox"/> Leisure   | <input type="checkbox"/> Electronic                 | <input type="checkbox"/> Other    |

**TITLE**

\_\_\_\_\_

**AUTHOR OR PRODUCER**

\_\_\_\_\_

**WHAT BROUGHT THIS TITLE TO YOUR ATTENTION?**

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**PLEASE COMMENT ON THE TITLE AS A WHOLE AS WELL AS BEING SPECIFIC ABOUT THOSE MATTERS THAT CONCERN YOU.**

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**WHAT OTHER MATERIALS DO YOU SUGGEST TO PROVIDE ADDITIONAL INFORMATION ON THIS SUBJECT?** \_\_\_\_\_

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**YOUR SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_