

REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES

Your Name _____

Address _____

City/State/ZipCode _____

Telephone _____ E-mail _____

Represent: _____ Self _____ Organization or Group (please identify) _____

Continue on reverse or attach additional pages if necessary.

1. Resource on which you are commenting:

Book ___ Audiovisual ___ Journal ___ Electronic info ___ Display ___

Author/Producer _____

Title _____

2. What brought this resource to your attention?

3. Have you examined the entire resource?

4. What concerns you about the resource?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

Signature _____

Date _____

To request reconsideration of library resources, please return the completed form to Director of the Libraries, Bridgewater State College, Maxwell Library, Room 300, 10 Shaw Road, Bridgewater, MA 02325. The Library will promptly make a final decision based on its intellectual freedom policy.

Approved: May 2006