



Cranston 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 Cranston 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? _____

Patron Signature: _____ Date: _____

Library Director Signature: _____ Date Received: _____

Only signed forms will be considered. 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 ALA Intellectual Freedom Committee.

Approved by the Cranston Public Library Board of Trustees on September 9, 2015