

REQUEST FOR REVIEW OF LIBRARY MATERIAL

Date of Request: _____

Request initiated by: _____ Library Card number: _____

Telephone (_____) _____ Email address: _____

Address _____
Street _____ City/State _____ Zip Code _____

Whom do you represent? Yourself _____
Organization _____ Name of organization: _____

Resource on which you are commenting:

Book _____ Video _____ Audio _____ e-Resource _____ Other _____

Author/Producer _____

Title _____

Publisher and edition (if known) _____

1. Have you examined the material in its entirety? (YES NO) What parts did you read/watch?

2. What concerns you about the material (please be specific; cite page numbers)?

3. Please evaluate the material's positive and negative qualities.

4. If you are aware of a review of the material, please list the source(s).

5. For what age group would you recommend this material?

6. Are there alternatives to this material which the Library could consider?

7. What action do you request the review panel to take?

Signature of Patron

Date

Thank you for your comments. You will receive a response from the Library Director within 3 weeks. Please return the completed form to: Library Director, Mary Riley Styles Public Library, 120 N. Virginia Avenue, Falls Church, VA 22046.
Adopted by the Library Board of Trustees, Month XX, XXXX.