



MATERIAL SELECTION REVIEW FORM

Name: _____ Date: _____

Address: _____ Branch: _____

Phone: _____

I request a re-evaluation of: (Please give title and author or website)

Comments:

Signature of Patron

Note to Patron: This completed form will be submitted to the Library Director for review and action. As a result of your request the material in question may be retained, withdrawn or reclassified.