

Genesee Area Library
Request for Reconsideration Form

Date: _____

Required Information:

Name: _____

Address: _____

Phone: _____

Have you read the Genesee Area Library Reconsideration Policy? Yes No

Do You Represent: Yourself An Organization

Name of Organization if applicable: _____

What/who is the title, author, performer, or producer of the material, service, or program in question?

I read, listened to, or viewed this material in its entirety. Yes No Not applicable

I attended the entire program. Yes No Not applicable

I saw this exhibit or display in person. Yes No Not

In your view, the topic or theme of the material, service, program, or display is:

Your objection to the material, service, program, or display is:

What do you feel might be the result of reading this material or viewing this program/service/display?

Are there materials you recommend providing additional information or points of view on this topic:

How could your concerns be resolved?

Patron Signature (required) _____

Library Director's Signature _____ Date Received: _____

Note: A copy of the request form, without identifying patron information, will be submitted to the American Library Association Intellectual Freedom Committee as well as the Genesee Area Library Board of Trustees.