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