Schenectady County Public Library
Request for Reconsideration of Library Materials

Patron’s Name ____________________________ telephone _______________ (day)
Address _________________________________               _______________ (evening)
E-mail ___________________________________

Material in question (Title, author, format):

Please comment on the specific matters that concern you (may continue on reverse side).

Patron’s Signature____________________________________Date_________________
Librarian taking request________

The Department Head concerned will re-evaluate the material in light of the objection raised and
the person making this request will be notified promptly of the Director’s decision. If the re-
evaluation substantiates the original decision to include the questioned title, it will remain in the
collection. If the criticism is considered valid, the title will be removed. The final decision lies
with the Library Director.

Department Head’s response:

Department Head’s signature________________________________ Date__________

Library Director’s decision:

Director’s signature________________________________________  Date__________

Form #124 rev. 6/05