**Request for Reconsideration of Library Materials**

Date: ______________________

If you have found materials or library resources about which you have concerns, please complete this form to assure prompt, complete consideration by Library Staff.

### MATERIAL FOR CONSIDERATION

**Author/Producer:** ___________________________________  
**Publisher:** _______________________________________

**Title:** __________________________________________________________________________________________

**Call number (if any):** _______________________  
**Date/Edition:** ____________________________

**Type of Material:**  
___ Book  ___ Magazine/Newspaper  ___ Video/DVD/CD  ___ Electronic Database  ___ Audio/CD  
___ Other: ________________________________________________________________________________________

Did you read, view or listen to the entire work or a portion of the work?  
___ All  ___ Part

Please describe your concerns regarding this material:

__________________________________________________________________________________________

What specific pages/sections illustrate your concerns:

__________________________________________________________________________________________

How did this material come to your attention (optional):

__________________________________________________________________________________________

### CONTACT INFORMATION

**Your Name:** __________________________________________________________________________________

**Address:** __________________________________________________________________________________

**Telephone/Email:** ____________________________________________________________________________

Please send complete form to:  
Library Services Specialist, Chippewa Valley Technical College Library, 620 W. Clairemont Ave., Eau Claire, WI 54701