

Reconsideration Request Form
Robey Memorial Library

Request initiated by: _____

Address: _____

City: _____ Telephone: _____

Author: _____

Title: _____

Publisher: _____

Complainant represents:

_____ Self

_____ Organization (Name) _____

_____ Other (Name) _____

1. To what in the material do you object? (Be specific, cite pages)

2. Did you read the entire material? _____ What parts? _____

Signature of Complainant

Date

Adopted April, 2000 *Reviewed* June, 2024
Reviewed September, 2004
Reviewed March, 2007
Reviewed April, 2010
Revised May, 2013
Reviewed March, 2016
Reviewed April, 2019