

FAIRPORT 
CENTRAL SCHOOL DISTRICT

Request for reconsideration of library materials

Name _____

Date _____

Address _____

City _____

State _____

Zip _____

Phone _____

Do you represent yourself or an organization (if so, please name)? _____

Resource on which you are commenting:

- Library Book Textbook Video Display
 Magazine Library Program Audio Recording Newspaper
 Electronic information/network (please specify): _____
 Other _____

Title: _____

Author/Producer: _____

What brought this resource to your attention?

Have you examined the entire resource?

What concerns you about the resource? (Use other side or additional pages, if necessary)

Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?