



**Starkville-Oktibbeha County Public Library System**  
**Reconsideration of Materials Request Form**

**Initiated by:** \_\_\_\_\_

**Patron ID:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Representing: Self?** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Library where materials were obtained:** \_\_\_\_\_

**Author of the material in question:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Copyright date:** \_\_\_\_\_

**Please respond to the following questions. If sufficient space is not available, please use back of this sheet or additional sheet of paper.**

**1. Have you read, seen, viewed, listened to this material in its entirety?**

**2. What do you believe is the main idea of this material?**

**3. To what do you object? Please cite specific passages, pages, sequences, etc.**

**4. What do you feel might result from use of this material?**

**5. Are you aware of reviews of this material? What reviews have you read?**

**6. What age group are the characters and what age group do you feel the author intended to reach?**

**7. For what grade level might this be suitable?**

**8. What action would you like to see taken on this material?**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**We appreciate your interest in our materials. This document will be given to the Director for review and you will receive a response within 10 business days.**