



## Jackson District Library

244 W. Michigan Ave., Jackson, MI 49201  
Send completed form to Director's Office

# Request for Review of Library Materials

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Book  Periodical  Other: \_\_\_\_\_

Author: \_\_\_\_\_ Publisher: \_\_\_\_\_

Request initiated by: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I represent: Myself  A Group: \_\_\_\_\_

An Organization: \_\_\_\_\_

Are you familiar with Jackson District Library's "Materials Selection Policy?" \_\_\_\_\_

What is your objection to this material? Please be specific: List pages and/or sections:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel might be the result of using this material?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you read, hear, or see the entire work? \_\_\_\_\_

Have you read any reviews of this material? \_\_\_\_\_

What work would you recommend that would convey as valuable a view and perspective of the subject treated? \_\_\_\_\_

Have you discussed your objection to this material with anyone on the Jackson District Library staff? \_\_\_\_\_