

**REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS
COLLEGE OF DUPAGE LIBRARY**

If you wish to request reconsideration of a specific title, please return the completed form either via electronic submission or by mail to the Dean of the Library, College of DuPage Library, 425 Fawell Blvd., Glen Ellyn, IL 60137-6599. The Dean will have the request reviewed by the Collection Development Committee and a recommendation will be forwarded to library administrators for a decision.

Name: _____ **Date:** _____

Address: _____ **Home Phone:** _____

_____ **Work Phone:** _____

Email address: _____

Organization represented, if any: _____

Title to reconsider: _____

Author/Producer: _____

Call number (if available): _____

1. What brought this resource to your attention?

2. Have you read, watched, or examined the item in its entirety?

3. What concerns you about the resource?

4. What do you feel might be the result of reading, viewing or hearing the resource?

5. Are there other sources of information about this item such as reviews that you suggest we use in our review of this work?