

*Upper Merion Township Library Request For Material Reconsideration Form*

1. Author: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Publisher (if known): \_\_\_\_\_

4. Format:

Hardcover  Paperback  CD  DVD  Electronic  Magazine  Newspaper  
 Display  Link on Library's website  eBook  
 Other (please specify) \_\_\_\_\_

5. In what section of the library is the material located?  Adult  Children's  Young Adult

6. How was the item brought to your attention? \_\_\_\_\_

7. Did you read, view or listen to the entire work?  Yes  No

8. What is your objection to the material? Be specific; cite pages:

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

9. Is there anything positive about the material?

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

10. What, in your opinion, is the theme of the material? \_\_\_\_\_

11. Do you know what literary critics and reviewers think of this material?  Yes  No

12. What do you feel might be the result of reading/viewing this book?

\_\_\_\_\_

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13. For what age group would you recommend this material? \_\_\_\_\_

14. In its place, what material would you recommend that would convey a valuable picture and perspective of the subject treated?

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15. What would you like your library to do with this material? \_\_\_\_\_

16. Are you familiar with the American Library Association Bill of Rights? \_\_Yes\_\_ No

17. Are you familiar with the American Library Association Freedom to Read Statement?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

18. Are you familiar with the American Library Association Freedom to View Statement?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

Print or type Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Organization or Group Represented If Any \_\_\_\_\_

Address Completed form to: Library Director  
Upper Merion Township Library  
175 W. Valley Forge Rd.  
King of Prussia, PA 19406