Attachment A

Request for Reconsideration of Library Material

All fields below are required and must be completed.

Date of Submission:	
Card Holder Name: First	Last
Card Holder Address:	
City	LA Zip
City	LA Zip
Telephone Number	*E-mail address:
	elf rganization or Group (Identify) chool (Identify)
Email Mail (indica	reference to this request for reconsideration of library material? te which address)
Is this complaint related to LA R.S. 25:22!	5 (Access of Materials to Minors)? Yes No
Magazine Ne	ıdiobook Video
2. Title of Work:	
3. At which library location or in which el	ectronic resource did you encounter this material?
4. What brought this item to your attenti	ion?
5. Did you review/read the entire item? I	f not, what sections did you review/read?
6. What course of action do you recomm	end in regard to this material?
•	his recommendation. To what in the item do you object? Please be specific: commenting on the resource as a whole, as well as being specific on the

8. In its place what materials would you recommend on this topic?

NOTE: This statement will be referred for review. You will be advised in writing of the decision after review. Thank you for your concern and input. Information submitted to a public body, such as this form, may be subject to public records requests pursuant to the provisions of the Louisiana Public Records Law, La. R.S. 44:1, et seq.