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?