

Sumner County Schools

Request for Reconsideration of Library Materials

4.403.2

1 Fill out the below information and return this form to the school librarian or principal.

2 Type of Material: _____ Author: _____

3 Title: _____

4 Please indicate your relationship to SCS to request a review:

5
6 Parent/Guardian Student Employee

7
8 Request initiated by: _____

9 Telephone: _____ Email: _____

10 Address: _____

11

12 Did you read or view the entire material? Yes No

13 To what in the material do you object? (Please be specific (i.e., cite pages.) _____

14

15

16 What do you feel might be the result of a student using this material? _____

17

18

19 For what age group would you recommend this material?

20

21 Is there anything beneficial about this material?

22

23 Are you aware of the judgment of this material by literary critics? Yes No

24 What do you believe is the theme of this material? _____

1 _____

2 In its place, what material of equal literary quality would you recommend that would convey a
3 valuable picture and perspective of this topic?

4 _____
5 _____

6 Additional Comments:

7 _____
8 _____
9 _____
10 _____
11 _____

Signature of Complainant

Date