REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES

1.	This request is for the reconsideration of a library book at	School.
2.	Title of Book:	
	Author:	
	Publisher & Publishing Date:	
3.	Request initiated by:	
	Name:	
	Address:	
	City: Phone:	· · · · · · · · · · · · · · · · · · ·
4.	Eastmont Student's Name & Grade Level (if applicable):	
5.	Student's Relationship to the Requester (if applicable):	
6.	Did you read the entire book?	
7.	To what do you object? (Please be specific: cite pages)	

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8.	What do you feel might be the result of allowing the book to be checked out?		
9.	For what age group would you recommend this library book?		
10.	What would you like the school to do about this library book? Do not allow my child to check it out. Remove it from all students as well as from my child. Limit access of the book to certain ages/grades.		
	Signature of Requester	Date	

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