Mystic & Noank
LIBRARY

Request for Reconsideration of Library Resources Form

The Board of Trustees of the Library has established a Collection Development and Maintenance Policy, a Material Review and Maintenance Policy, a Display Policy and a Program Policy.

Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from an individual residing in the towns of Groton or Stonington. Please note that the patron requesting reconsideration of library material will be given a packet of documents that includes the Library's Collection Development and Maintenance Policy, the Material Review and Maintenance Policy, the Library's Display Policy, the Library's Program Policy, the Library Bill of Rights, the Freedom to Read, and the Freedom to View statements from the American Library Association. These documents are available at the Front Desk and must be picked up in person.

Date_____ Full Legal Name_____

Address_____

City _____ State/Zip_____

Phone_____ Email Address_____

Mystic & Noank Library Card Number _____

Do you represent yourself? _____

1. Resource on which you are commenting:

__Book __Display __Movie __Magazine __Library Program __Music __Newspaper
__Artwork __Other (please specify) _____

Title_____

Author/Artist/Producer /Provider_____

2. Specify which portion or portions of the material is objected to and explain the reason for your objection. (Use additional pages if necessary).

_____

_____

3. What brought this resource to your attention?

_____

_____

_____

4. Have you read or viewed the material in its entirety? **Y** or **N**

5. What concerns you about this material? (Use additional pages, if necessary.)

_____

_____

6. What do you believe is the purpose of this material?

_____

_____

7. For what age group should this material be recommended?

_____

_____

8. Overall, do you think there is any value in this material?

_____

_____

9. Are there resources you can suggest providing additional information and/or other viewpoints on this topic?

_____

_____

_____

10. Are you aware of any critical reviews dealing with this material? List here, or provide as an attachment.

_____

_____

_____

11. Why do you feel your negative feelings about this work should prevent other members of the Mystic & Noank community, who may not share your concerns, from accessing this material? _____

_____

_____

12. What action are you requesting the committee consider? _____

_____

_____

Please sign and date below and return this form to the Mystic & Noank Library. You will be notified within 60 days of receipt of the results of the reconsideration process. Reconsideration requests are not confidential patron records under section 11-25 of the CT General Statutes.

Signature_____

Date_____