LIBRARY MATERIALS REVIEW REQUEST

Your Name: ____________________________________________________________

Library Card Number: _____________________________ Date: ______________________

Home Address: ______________________________________________________________________________________

City: _________________________________ State: _____________ Zip: _____________

Please provide more information on your request for review:

□ Book or Periodical □ Audiovisual Material □ Program □ Display/Exhibit □ Other

Title/Name: ______________________________________________________________________________________

Author/Creator: ___________________________________________________________________________________

How did this come to your attention? ______________________________________________________________________________________________________

Did you read/listen/view the entire work, program, or display? If not, which specific parts did you read/listen/view? ______________________________________________________________________________________________________

To what specifically do you object? (Provide details, including page numbers or time stamps if known.)

____________________________________________________________________________________

What do you feel might be the result of reading/listening/viewing this work?

____________________________________________________________________________________

Have you read any reviews of this work (if applicable)? If so, from what source?

____________________________________________________________________________________

What is your desired outcome?

____________________________________________________________________________________

Please complete this form and return it to your library or mail to:
CEO
Columbus Metropolitan Library
96 S. Grant Ave.
Columbus, OH 43215