

## Request for Reconsideration of Library Resources

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Do you represent self? \_\_\_ Organization? \_\_\_

1. Resource on which you are commenting:

\_\_\_ Book \_\_\_ Video \_\_\_ Display \_\_\_ Magazine or Journal \_\_\_ Library Program  
\_\_\_ Other \_\_\_\_\_

2. Title \_\_\_\_\_ Author/Producer \_\_\_\_\_

3. What brought this resource to your attention?

4. Have you examined the entire resource?

5. What concerns you about the resource? (use other side or additional pages if necessary)

6. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the Library Dean, Metropolitan State University  
Library 700 East 7<sup>th</sup> Street, St. Paul MN 55106-5000. The Library will promptly make a final  
decision based on its collection development policy.