



Request to Reconsider a Book

Return completed forms to: Greene County Library System

Attn: County Coordinator

311 N. West Street

Waynesburg, PA 15370

Person Making Request _____ Date _____

Address _____

Phone Number _____

E-mail Address _____

NOTE: You must complete the entire form for the request to be considered.

Name of book _____ Author _____

What content in the book causes you to object? Please be specific and give page numbers, so the material can be reviewed.

Would you recommend this book for any level?

____ Elementary ____ Middle School ____ High School ____ None

Did you read the entire book? ____ Yes ____ No

Is there any value in this book? _____

What do literary critics say about this book? _____

What would you like the Reading Competition to do?

____ Withdraw the book ____ Assign to another level ____ Ask parental permission

What book of equal literary value would you recommend in its place? _____

Signature _____

Date _____