

**Colorado Springs School District 11
Request For Reconsideration of Library Media**

Please return the completed form to the building principal.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

1. Media which you are requesting reconsideration.

Title _____

Author _____

Publisher/Producer _____

2. For what reasons are you requesting reconsideration of this item? Please give specific references.

3. What action do you suggest to alleviate your concerns regarding this media?

Signature _____

Date _____