

Statement of Concern about Library Resources

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Library Card Number: _____

Request made on behalf of: Yourself Organization/Other: _____

Item Information

Title: _____

Book Audiobook DVD Magazine
Digital Resource Other: _____

Author/Creator: _____

1. What brought this work to your attention?
2. Did you read/view/listen to the entire work? Yes No
If not, what sections did you review?
3. The Transylvania County Library Collection Development Policy establishes guidelines for the selection, retention, and withdrawal of library resources. Requests to remove materials will be considered within the context of this policy. Have you read the entire Collection Development Policy? Yes No

4. Do you believe this work meets the standards established in the Collection Development Policy? Yes No

If no: In what ways is this work inconsistent with the established standards? Please be specific and cite pages/portions.

5. What concerns you about this work?

6. Have you read any professional reviews of this work? If so, which ones?

7. In your view, the overall topic or theme of the work is:

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

9. Action requested:

Review by the Library Director to determine if the work complies with Policy

Other:

Signature: _____ Date: _____