



Request for Reconsideration of Library Materials

To aid us in locating and considering your suggestion, please fill out this reconsideration form as completely as possible.

Electronic Resource / Video : _____

Paper Source / Book / Magazine: _____

Author: _____

Title: _____

Publisher OR Producer: _____

Request initiated by: _____

Email: _____ Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____

What portion of the material did you review? What pages or sections? _____

What do you believe is the theme or purpose of this material? _____

To what in the material do you object? Please be specific: cite pages or sections. _____

Is there anything good about this material? _____

It is the policy of the Galesburg-Augusta Community Schools that no discriminatory practices based on sex, race, religion, color, age, national origin, disability, height, weight, or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance.

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*Douglas P. Newington, Superintendent * 1076 N. 37th, Galesburg, MI 49053 * (269) 484-2000 * Fax (269) 484-2001*