

Request for Formal Reconsideration of Library Materials

Date:	
Name:	
Address:	
City / State / Zip code:	
Phone number:	
Email:	

I am a: *(select only one of the following)*

- CFISD Student (18+ years old)
- CFISD Employee
- Parent of CFISD Student at campus where challenged material is located
- Parent of CFISD Student at a different campus from challenged material
- Resident in CFISD

Library material on which you are requesting reconsideration:

- Book (print, digital, and/or audio)
- Magazine
- Newspaper
- Database subscription
- Other: _____

Title:	
Author/Producer:	
Campus:	

1. Date of completion of the Informal Reconsideration Review Process at the campus where the material is located. *(If not, please do so before completing and submitting this form.)*

Date: _____ Campus: _____

2. Have you read the resource(s) in its entirety? *(If not, please do so before completing and submitting this form.)*

- Yes
- No

3. What brought this material to your attention?

3. What concerns you about the resource? *(Please be specific. Cite pages, etc.)*

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

6. For what age group would you recommend this material?

7. What do you believe should be done with the material in question?

- Change the collection level.
- Change the campus level.
- Remove the material from the library.
- Do not allow my child to use this material.

Complainant's signature:	
Date:	

Email completed form to library@cfisd.net or mail to Library Services, 11440 Matzke Road, Cypress, TX 77429 ATTN: Library Services Coordinator