

Highline Community College Library
Operational Policy and Procedures

Request for Review of Library Materials Form

Please complete the following form so that the material in question can be thoroughly evaluated in light of the Library's objectives and policies. (If necessary, attach additional sheets for a full response to any of the questions below).

NAME: _____ PHONE: _____

ADDRESS: _____

AUTHOR: _____ CALL NUMBER: _____

TITLE: _____

PUBLISHER: _____

1. How much of this item have you read, seen or heard?
2. What do you believe to be the overall theme of the material?
3. Have you read any reviews of this material?
4. What do you object to in the material? (Please be specific, cite pages, if possible).
5. What do you think might result from the use of this material by others?
6. Is there anything good about the material as a whole?
7. Can you recommend an alternative that would provide information on this subject?

Requestor's signature: _____ Date: _____

Request received by: _____ Date: _____

Date of Adoption: **October 28, 2002**

Key Department: **Library Circulation Services**

Key Person: Frances Clark, **Director of Circulation**

Revisions: