Carnegie Library of Pittsburgh (CLP)
Materials Reconsideration Request

Name ___________________________________________ Date _______________

Address __________________________________________________________________________

__________________________________________________________________________________

Phone _____________________

CLP or Other ACLA Library Card Number ______________________________

Item Information

Author ___________________________________________________________

Title ____________________________

CLP Call Number ___________________________________________________

ª Book   ª Audiobook   ª Magazine/Newspaper   ª Movie   ª Music CD   ª Other

What brought this item to your attention?
______________________________________________________________________________

Why do you feel CLP should reconsider this item?
______________________________________________________________________________

______________________________________________________________________________

Did you read, listen to, or view the item in its entirety? _____Yes _____No

If not, what sections did you review?
______________________________________________________________________________
What specific page(s), passage(s) or section(s) of the item illustrate your point?

_________________________________________________________________

_________________________________________________________________

Would you regard the item as appropriate for any age group? If so, which?

_________________________________________________________________

What action do you wish the Library to take? Please describe and tell us why.

_________________________________________________________________

_________________________________________________________________

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

_________________________________________________________________

Other comments that would be helpful to the committee reviewing this request?

_________________________________________________________________

_________________________________________________________________

Form accepted by ______________________________________

Department/Branch______________________________

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