

SLC Overdrive Group

Request for Reconsideration of Digital Materials Form

Patron's Name: _____

Library card number: _____

Patron's email: _____

Street Address: _____

Phone Number: _____

City: _____ Zip Code: _____

Are you acting on behalf of an organization? _____

If so, which organization? _____

Author: _____

Title: _____

Format Type: _____

Have you read or viewed the entire work? _____

If not, what parts?

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

What good or valuable features do you find in the material?

What do you believe is the theme of this work?

What concerns do you have about reading or viewing this material?

Have you read any reviews of this material? _____

If yes, please specify:

What would you like the SLC Overdrive group to do about this material?

Can you recommend other material that would convey as valuable a picture and/or perspective of the subject treated? _____ If yes, please specify:

Your submission will be processed in accordance with the SLC Overdrive Group's Digital Collection Policy.

Date: _____

Signature: _____

2/20/2022 SLC Board Approved