

Request for Reconsideration of Library Resources

| Date: | |
|--|-------------------|
| Requestor: | |
| Affiliation:StudentStaffPublic Patron | Other: |
| Contact Information (phone, email, mailing address): | |
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| Description of the item(s) to be reconsidered: | |
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| Rationale for the request to reconsider: | |
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| Received by: | Date [.] |