

PALOMAR COLLEGE LIBRARY

Request for Reconsideration of Library Exhibit Material

Artist/Author:					
Exhibit Title:				Date of Exhibit:	
Title of Item:					
Request Initiate	ed by: (Your Name)				
Telephone:	_	Address:			
City:	Zip:		Email Address:		

1. Have you viewed the entire exhibition? If not, what part?

2, To what in the exhibit do you object and what is your objection? (Please be specific)

- 3. What do you suggest that your Library/LRC do about this material?
- 4. What do you feel might be the result of viewing this material?
- 5. Did you find anything worthwhile about the material in question?
- 6. What type of exhibit would you recommend which presents a counterbalancing view?
- 7. What materials would you recommend which present a counterbalancing view?

Signature of Requestor

Date

Date

Signature of Staff Member Receiving Request