

Audio Visual Material

Format: Video (___) DVD (___) CD (___) Other _____

Author _____ Call # _____

Title _____

1. Did you view/listen to the entire work? Yes (_____) No (_____) If not,

which parts? _____

2. What specifically do you find objectionable in this work? (Please explain and cite approximate place, i.e. 20 minutes into the film, etc.)

3. What do you think could result from other people viewing/listening to this work?

Reconsideration initiated by _____

(Please Print Name)

Address _____ Phone _____

(Signature)_____
(Date)

Date Received _____ by _____

(Staff Member)

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