

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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(Use other side for additional comments.)

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