



REQUEST TO OVERRIDE A BLOCKING DECISION

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|--|--------------|
| Name(Please give full Name) | Today's Date |
| Address | |
| City, State | Zip |
| Telephone: Daytime Alternate | Phone: |
| E-Mail Address | |
| Website Address (URL) of objectionable and /or offensive site: | |
| Please Answer the following Question: Why do you think this site should be unblocked? | |

| | |
|---|------|
| Signature of Library User Submitting Reconsideration Form | Date |
| Signature of Staff Member Receiving Reconsideration Form | Date |