Morrison-Talbott Library Display / Exhibit Reconsideration Form

Title of display:		
Request Initiated by:		
Address:	Telephone:	
City:	State:	Zip code:
Request represents: List Name (if representing	Self Organization organization):	
 Have you viewed or eng If not, what parts h 		ay or exhibit?yesno
2. What concerns you abou	ut the display or exhibit? P	lease be specific.
3. What good or valuable f	eatures do you find in the	display or exhibit?
4. What do you believe is t	he theme of this display o	r exhibit?
5. What do you feel might	be the result of viewing or	engaging with this display or exhibit?
6. Do you think this display Please explain.	or exhibit would be more	appropriate for a different age group?
7. What would you like the	library to do about this di	splay or exhibit?
8. Can you recommend oth picture and/or perspective		y or exhibit that would convey as valuable a yes, please specify.
Date:	Signature:	