## **Challenges to Library Resources** Date \_\_\_\_ your name street address city telephone e-mail address What is your relationship to Hope College? staff faculty student alumni other \_\_\_\_ Do you represent yourself? yes no Do you represent an organization? yes no If yes, name of organization: Resource on which you are commenting: This item is a: book textbook video display magazine audio recording newspaper library program electronic resource/network other: What brought this resource to your attention?\_\_\_\_\_

Are there resources you can suggest to provide additional information and/or other viewpoints on this topic?

Have you examined the entire resource?\_\_\_\_\_

What concerns you about the resource?

Please return this form to the Dean of Libraries, Van Wylen Library, Hope College, 53 Graves Place, P. O. Box 9012, Holland, MI 49422-9012.