Personalized Reading List

Name __________________________________________

Phone number __________________________________

How do you prefer to receive your reading list?

Library Pick – up at  □ Grissom  □ Main St  □ Bailey □ West Ave

Email my completed list to: ____________________________

Have you requested a personalized reading list before?  □ Yes  □ No

Do you enjoy □ Fiction □ Nonfiction □ Both

What formats do you prefer?  □ Printed Books □ Large Print □ Audio Books


What types of books do you enjoy reading? Please check all that apply.

□ Biographical   □ Fantasy   □ Graphic Novels   □ African-American
□ Historical     □ Horror     □ Inspirational   □ Dark Fantasy
□ Mystery        □ Romance    □ Science fiction □ Humor
□ Self-Help       □ Thriller   □ True Crime
□ Urban Fiction  □ Western    □ Other non-fiction (please specify) ______________

Please exclude the following; we will try to avoid these but cannot guarantee there will not be something unacceptable to you

□ Explicit sexual content □ Graphic language □ Political themes
□ Religious themes □ Violence

Please tell us the titles of some books you enjoyed

________________________________________________________________________

Do you have favorite authors?

________________________________________________________________________

Anything else?

________________________________________________________________________