

LIBRARY/MEDIA CENTER MATERIALS RECONSIDERATION REQUEST FORM

To request reconsideration of library/media center materials, please return the completed form to the building principal.

Name: _____ Date of request: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

Resource on which you are commenting

Type of material (audiovisual, book, magazine, etc.): _____

Title: _____

Author/Producer: _____

What brought this title to your attention? _____

Please comment on the resource as a whole as well as being specific on those matters which concern you. (Use other side if needed.) _____

Optional

What resource(s) do you suggest that could be made available to provide additional information on the topic?

1. Additional Comments: _____

2. What action would you like the District to take concerning this material? Please indicate applicable actions that you would support.

☐ Do not allow my child to view/read/listen to the material.

☐ Retain the material for use on reserved or restricted status.

☐ Withdraw the material from use by all students.

☐ Other action _____