

REQUEST TO PROHIBIT A STUDENT FROM ACCESSING SPECIFIC INSTRUCTIONAL AND LIBRARY MATERIALS

Request to prohibit a student from checking out certain instructional materials to be submitted to the superintendent. Please complete one form per student.

REQUEST INITIATED BY _____ DATE _____

Name _____

Address _____

City/State _____ Zip Code _____ Telephone _____

Name of affected Student _____

Requester's Relationship to Student (must be parent/legal guardian) _____

BOOK OR OTHER PRINTED MATERIAL TO PROHIBIT STUDENT FROM ACCESSING:

Author Hardcover Paperback Other

Title

Publisher (if known)

Date of Publication

MULTIMEDIA MATERIAL TO PROHIBIT STUDENT FROM ACCESSING:

Title

Producer (if known)

Type of material (filmstrip, motion picture, etc.)

Dated

Signature