

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