

REQUEST TO PROHIBIT A STUDENT FROM ACCESSING SPECIFIC INSTRUCTIONAL 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 _____