

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

Adopted: 08/21/2023
Reviewed:
Revised: