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 Stu	dent (must be parent/legal guard	ian)	
BOOK OR OTHER PRINTER	D MATERIAL TO PROHIBIT S'	TUDENT FROM ACCESSING:	
Author	Hardcover	Paperback Other	r
Title			
Publisher (if known)			
Date of Publication			
MULTIMEDIA MATERIAL	TO PROHIBIT STUDENT FRO	M ACCESSING:	
Title			
Producer (if known)			
Type of material (filmstrip, mo	otion picture, etc.)		
Dated	Signatur	e	

Approved: 08/15/2023

Reviewed: Revised: