

**REQUEST TO PROHIBIT A STUDENT FROM CHECKING OUT SPECIFIC LIBRARY MATERIALS**

Request to prohibit a student from checking out certain library 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 CHECKING OUT:**

Author: \_\_\_\_\_ Hardcover: \_\_\_\_\_ Paperback: \_\_\_\_\_ Other: \_\_\_\_\_

Title: \_\_\_\_\_

Publisher (if known): \_\_\_\_\_

Date of Publication: \_\_\_\_\_

**MULTIMEDIA MATERIAL TO PROHIBIT STUDENT FROM CHECKING OUT:**

Title: \_\_\_\_\_

Producer (if known): \_\_\_\_\_

Type of material: \_\_\_\_\_ (filmstrip, motion picture, etc.)

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date