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 guar	dian)	
BOOK OR OTHER PRINTED MA	TERIAL TO PROHIBIT	STUDENT FROM AC	CCESSING:
Author	Hardcover	Paperback	Other
Title			
Publisher (if known)			
Date of Publication			
MULTIMEDIA MATERIAL TO P	ROHIBIT STUDENT FR	OM ACCESSING:	
Producer (if known)			
Type of material (filmstrip, motion)	picture, etc.)		
Dated		Signature	