

Request for Reconsideration of School Library Media Materials

Name of person making request: _____

Address: _____

Phone Number: _____

Email: _____

Complainant represents:

- Self _____
- Organization (please name) _____
- Other group (please identify) _____

Name of school owning challenged material: _____

Do you have a child in this school? Yes or No Grade _____

Title of item _____

Type of media:

Does this item have an