

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 _____

Publisher (if known) _____

Date of Publication _____

Title

MULTIMEDIA MATERIAL TO PROHIBIT STUDENT FROM CHECKING OUT:

Title

Producer (if known) _____

Type of material (filmstrip, motion picture, etc.) _____

Dated _____

Signature _____