



Appendix B: Appeal Request Form

Instructions:

1. A requestor will submit the District Appeal Form along with a copy of the School Library Materials Reconsideration decision within 15 business days of receiving the decision of the School Library Material Reconsideration Committee.

Requestor Information:

1. Date ____
2. Legal Name of Guardian _
3. Address ____
4. E-mail _
5. Phone Number ____
6. School
7. School Challenge Decision Date

The submission of a District Appeal Form will receive a receipt of notice of submission within ten (10) school calendar days. The receipt of submission will include an estimated time-line for a determination of the District Appeal to be completed within a reasonable time period not to exceed _ school days.

Challenged Material Information:

1. Title _
2. Author
3. Publisher and date of publication ____
4. School where title can be accessed _

Please provide a written statement setting forth your rationale to appeal the School Committee's decision regarding the title (attach additional pages as needed).

Requestor's Signature: ____