

Attachment 1

Request to Opt-Out of School Library Materials Form

Beaufort County School District
2900 Mink Point Boulevard
Beaufort, SC 29901

THIS FORM IS TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN MAKING THE REQUEST

Directions: Please complete this form and submit to the school administrator/designee. Requests will be considered incomplete until the return of this form.

Contact Information of Parent/Legal Guardian Initiating Request

Name: _____ Telephone: (_____) _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Details of Material

Title of Material: _____ Author/Creator: _____

Material Type: _____ Publication Year: _____ School Location: _____

Material Located in: School Library Other _____

What, specifically, are you requesting?

You must be the parent or legal guardian of the child for which you are making this request.

Do not assign/lend the specific material named above to my child.

Do not allow my child to check out any materials from school libraries without my prior approval of the specific material in question.

Other _____

Signature of parent/guardian

Date