



**IOWA CITY
COMMUNITY
SCHOOL DISTRICT**
Child-Centered : Future-Focused

REQUEST TO PROHIBIT A STUDENT FROM ACCESSING SPECIFIC INSTRUCTIONAL OR LIBRARY MATERIALS

Request to prohibit a student from accessing certain instructional or 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 ACCESSING:

Author _____ Print _____ Digital _____ Other _____

Title _____

Publisher (if known) _____

Date of Publication _____

MULTIMEDIA MATERIAL TO PROHIBIT STUDENT FROM ACCESSING:

Title Producer (if known) _____

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

Dated

Signature