



Request to Inspect Instructional Materials

Directions: Please return this completed form to the building principal. Incomplete forms will be returned and not processed.

Requestor's Name:

Student Name:

Grade:

Address:

School:

Course/Content Area:

Teacher's Name:

The specific instructional materials I wish to review are:

Signature

Date

To be completed by the principal:

Date Scheduled for Review: _____

Materials Reviewed: _____

Notes:

Signature of Principal

Date