



## Request for Appeal of Library and Instructional Material Determination

TITLE: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

DATE OF COMMITTEE DETERMINATION: \_\_\_\_\_

### APPEAL REQUEST INITIATED BY:

**By completing the information and signing below, I am formally requesting an appeal of the recent committee determination related to the title listed above.**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### COMPLAINANT REPRESENTS:

Himself/Herself YES \_\_\_\_\_ NO \_\_\_\_\_ Other individual or group YES \_\_\_\_\_ NO \_\_\_\_\_

If representing others, give name of person(s), address(es), and phone numbers(s):