

REQUEST TO PROHIBIT A STUDENT FROM CHECKING OUT SPECIFIC LIBRARY MATERIALS

Request to prohibit a student from checking out certain library materials to be submitted to the superintendent. Please complete one form per student.

REQUEST INITIATED BY _____ DATE: _____

Name _____

Address _____

City/State _____ Zip Code _____ Phone _____

Name of affected Student _____

Requester's Relationship to Student (must be parent/legal guardian) _____

BOOK OR OTHER MATERIAL TO PROHIBIT STUDENT FROM CHECKING OUT			
Author:	Hardcover <input type="checkbox"/>	Paperback <input type="checkbox"/>	Other <input type="checkbox"/>
Title:			
Publisher (if known):			
Date of Publication:			
MULTIMEDIA MATERIAL TO PROHIBIT STUDENT FROM CHECKING OUT			
Title:			
Producer (if known):			
Type of material (filmstrip, motion picture, etc.):			
Signature		Date	