



Request to Opt-Out of School Library Materials Form

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

Directions: Please complete this form annually (one per student). Requests will be considered incomplete until this form has been submitted. Please allow 2 school calendar days after submission for processing.

Contact Information of Parent/Legal Guardian Initiating Request

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

Parent/Guardian's Name: _____

Telephone: (____) _____ Email: _____

Mailing Address: _____ City/State: _____

Student Name: _____

School: _____

Details of Request

PLEASE SELECT ONE OPTION:

- ☐ 1. Do not allow my child to check out any school library materials from school libraries without my approval of the specific material.
- ☐ 2. Do not allow my child to check out specific school library materials. *(A list may be attached)*

Title of Material: _____

Author: _____ Publication Year: _____

- ☐ 3. Do not allow my child to check out any materials from school libraries.

Parent/Legal Guardian Signature

Date