



Material Reconsideration Request

Calhoun County Schools will only accept Material Reconsideration Forms submitted by legal guardians of students currently enrolled in the district. Submissions from individuals who do not meet this requirement will not be considered valid complaints.

First Name		Last Name	
Address			
City		State	Zip
Phone		Email	
I'm a	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Student <input type="checkbox"/> Staff Member		

Resource Information

School where material is located			
Title		Author/Creator	
Resource Type	<input type="checkbox"/> Book <input type="checkbox"/> Digital media <input type="checkbox"/> Instructional Material <input type="checkbox"/> Other		
If other, specify			
Have you read or viewed the entire resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What concerns do you have about the material?			
What action do you recommend for this material?			

Acknowledgment

I certify that I have read or viewed the entire resource and that the above statements are true to the best of my knowledge.

I, agree and understand that by signing my Electronic Signature below, all information in this form is true to the best of my knowledge and that my electronic signature is the legal equivalent of my manual/handwritten signature

Digital Signature	
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