

**WHITE BEAR LAKE AREA SCHOOLS  
PROCEDURES FOR REQUEST FOR REMOVAL  
OF SPECIFIC LIBRARY MATERIALS**

Complainant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

School Building: \_\_\_\_\_

Eligible Individual (check one):

\_\_\_ >18-year-old WBLAS Student    \_\_\_ Parent/Guardian of <18-year-old WBLAS Student

Requirements Prior to Request for Removal:

\_\_\_ I have met with the library media specialist and building principal.

\_\_\_ The library media specialist and building principal have responded.

Please complete the following form or attach a document with the requested information. Turn in the completed document to the office of the Assistant Superintendent for Teaching and Learning.

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Publisher (if known): \_\_\_\_\_

1. What brought this media material to your attention? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Have you read the media material in its entirety? Yes: \_\_\_ No: \_\_\_

3. What is your concern or objection to the media material? (Please be specific; cite pages) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What action are you requesting the committee to consider? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant