

Date_____

Title of Material_____

Author_____

Publisher_____

Type of Material (e.g. book or film)_____

1. To what in the material do you object? (Please be specific and add pages if needed.)

2. Did you find any value in this work?

3. What would you like the committee to do with this work?

_____ Remove the material district-wide.

_____ Limit to use in specific classes.

_____ Limit to use at specific level--elementary, middle, or high school.

Name of person filing appeal_____ (please print)

Address_____

Telephone_____

Signature_____