CAYUGA ISD

Request for Reconsideration of Library Material

Board Policy EFB

Format: Book____ E-book ____Periodical ____CD-Rom____Video____ Other _____

Title_____
Author_____Publisher_____
Request Initiated by_____Phone_____
Address_____
Complaint represents:_____Self_____Organization/Group
Name of Organization/Group _____

1. Did you read/hear/view the entire work?_____yes _____ no
2. If not, which part did you read, hear, or view? _____
3. Specifically, what part of the information did you find objectionable, and why? (Please cite pages, frames, sections, CD-ROMS, etc.)

   _____
   _____
   _____
   _____
   _____
   _____
4. Would you like to recommend this work for another age group?_____yes_____no
5. If so, for what age group would you recommend this work? _____
6. How do you perceive students would be affected by exposure to this work?

   _____
   _____
   _____
   _____
   _____
   _____
7. What would you like for the school to do about this work?
   _____withdraw it from all students
   _____withdraw it for reconsideration
   _____do not allow my child to have access to this material

Print name _____

Signature_____Date _____

Please list and attach supporting evidence.