MSD Request for School Review of Library Materials

1.	Requester:	School:			
	Address:	City:	Zip:		
	Email:	Phone:			
2.	Qualifying personal interest category or categories:				
3.	Brief statement explaining the request:				
	Type of material:Book (Print)E-Book (Digital)Audio BookMovie				
	Magazine Other Audio Recording L Other	ibrary Digital Resource Ga	me Newspaper		
1.	Title:				
5.	Author or Producer:				
5 .	Are you a student (parental permission required)? <u>Yes</u> No (If yes, do <u>not</u> finish reviewing the material)				
7.	Have you read or reviewed the estudents)	entire material? Yes No	(Not required of		
3.	Library materials may only be removed because they contain pornographic or indecent material as defined in District Policy EEE and governing law. Library materials may not be removed because they contain ideas that individuals disagree with based upon politics, nationalism, religion, or other matters of opinion. I acknowledge and understand that the scope of review will be limited to whether the materials contain pornographic or indecent material. Initial:				
Э.	The pornographic or indecent m (page, chapter, link, timestamp,		lowing location or locations		

10. I understand that I must meet the personal interest requirement set out in Policy EEEA in order to obtain review. Initial: _____

11. I have met with the school librarian to discuss the item as required by Policy EEEA. Initial:

12. I have made ______ other requests for review of library materials during the current school year.

I declare that the foregoing is true and correct.						
Signed on the day of	<i>/</i> .	6	ət			
(Day) state/country)	(Month)	(Year)	(City or other location and			
Printed Name						
Signature						
If student, Parent Name			_Signature			