REQUEST TO PROHIBIT A STUDENT FROM ACCESSING SPECIFIC INSTRUCTIONAL MATERIALS

DEOLIEGT INITIATED DV		DATE	
REQUEST INITIATED BY		DAIE	
Name			
Address			
City/State	Zip Code	Telephone	
Name of affected Student			
Requester's Relationship to Stud	lent (must be parent/legal guard	lian)	
BOOK OR OTHER PRINTED	MATERIAL TO PROHIBIT	STUDENT FROM ACC	CESSING:
Author	Hardcover	Paperback	Other
Title			
Publisher (if known)			
Date of Publication		<u>DM ACCESSING</u> :	
Date of Publication	TO PROHIBIT STUDENT FRO	OM ACCESSING:	

Dated

Signature