

**REQUEST FOR RECONSIDERATION OF LIBRARY/MEDIA CENTER MATERIALS**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Media Center material being contested:

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

Reasons for contesting the material. (Be specific about why you believe the material does not meet the selection criteria listed in policy —*Selection of Library/Media Center Materials*):

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

What is your proposed resolution?

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

\_\_\_\_\_  
Signature of person submitting reconsideration request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of superintendent (if appealed)

\_\_\_\_\_  
Date