

Anchorage School District

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL OR LIBRARY MATERIALS

Initiated By Name:				
Mailing Addr	ess:			
Home Phone	:		Work Phone:	
Email Addres	ss:			
Representing	g: Self	Organization	/Group:	
Material Que Title :	estioned			
Author:				
Copyright Da	te:			
Material Typ Book \	e: Video/DVD	Audio file/CD	Digital Media	Other
Please respo sheet of pap		ing questions. If suffic	cient space is not pro	vided, use an additiona
Have you see	en or read this m	naterial in its entirety	?	
To what do v	ou object in this	material? Please cite	snecific nassages in	ages etc



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Have you spoken with the school principal? What was his/her response?

Signature of Complainant	Date	
Signature of School Principal	Date	
School Level Challenge: Please scan or	print and submit	to building principal
District Level Challenge: Please scan or Learning	print and submit	t to Senior Director of Teaching