

Anchorage School District

REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL OR LIBRARY MATERIALS

Initiated By Name:						
Mailing Addres	s:					
Home Phone:			Work Phone:	:		
Email Address:						
Representing:	Self	Self Organization/Group:				
Material Quest Title :	ioned					
Author:						
Copyright Date	:					
Material Type: Book Vid	leo/DVD	Audio file/CD	Digital Medi	a	Other	
Please respond sheet of paper.	to the follow	ing questions. If suffic	cient space is n	ot provided,	use an additional	
Have you seen	or read this m	naterial in its entirety?	Yes	No		
To what do you	object in this	material? Please cite	specific passag	ges, pages, e	etc.	



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What do you believe is the main idea of the material?
What review(s) of this material have you read?
Have you talked to anyone to discuss how the material fits into the overall District program?
What action do you recommend that the school take on this material?
In its place, what material do you recommend that would provide adequate information on the subject?



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Have you spoken with the school principal? What was his/her response?	Yes	No
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 print Learning	and submit to	o Senior Director of Teaching &