

510F1 – Library Materials Review Request Form



Title: _____

Author: _____

School: _____

Review Request initiated by: _____

Phone Number: _____

Address: _____

City: _____ Zip: _____

Email: _____

1) Does your child attend this school? Yes No

2) Was this material recommended, assigned, or made available through the students' school? If so, where?

3) What concerns you about this material? Please provide examples, page numbers, links, or any other information to help in locating or identifying content of concern. Please attach any images or other corroborating evidence.

4) What action are you requesting the committee to consider?

Retained

Restricted

Removed

Signature: _____ Date: _____

*****Below is for internal use only*****

GWA's Appointed Committee Convener/Facilitator: _____

Suggested Review Timeline: _____
