 Form IFBC-3

**LIBRARY MEDIA MATERIALS APPEAL FORM**

Author Print Non**-**print

Title

Publisher (if known)

Request initiated by

Parent/guardian of (child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Street City State Zip

Opinions represent: □ Self □ Other

1. To what in the material do you object? (Please be specific; cite sections or pages)

2. What do you feel might be the result of reading/viewing/listening to this material?

3. For what age group would you recommend this material?

4. Did you read/view/listen to the entire material? □ No □ Yes

What parts?

5. What did you find acceptable about this material?

6. Are you aware of the judgment of this material by qualified critics or review sources?

□ No □ Yes If yes, please give citation:

7. What do you believe to be the theme of this material?

8. What would you like your school to do about this material?

□ Do not assign it to my child □ Place material at another school level

□ Withdraw it from all students □ Other

9. In its place, what material of equal quality would you recommend?

Signature Date