

**Application for Material Reconsideration Form (Fairfield Elementary School)**

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

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

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Who do you represent? (Do you represent self? Organization? A student?)

\_\_\_\_\_

Resource Format: \_\_\_Book (eBook) \_\_\_Movie \_\_\_Magazine \_\_\_

Audio Recording \_\_\_Digital Resource \_\_\_Game \_\_\_Newspaper \_\_\_Other

Title: \_\_\_\_\_

Author/Producer: \_\_\_\_\_

What are your concerns about this material?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you reviewed this material in its entirety? If not, what parts have you reviewed?

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