



## Request to Opt-Out of School Library Materials Form

**THIS FORM IS TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN MAKING THE REQUEST**

Directions: Please complete this form annually (one per student). Requests will be considered incomplete until this form has been submitted. Please allow 2 school calendar days after submission for processing.

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### **Contact Information of Parent/Legal Guardian Initiating Request**

***(Stop: You must be the parent or legal guardian of the child for which you are making this request.)***

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

Telephone: (\_\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

### **Details of Request**

PLEASE SELECT ONE OPTION:

☐ 1. Do not allow my child to check out any school library materials from school libraries without my approval of the specific material.

☐ 2. Do not allow my child to check out specific school library materials. *(A list may be attached)*

Title of Material: \_\_\_\_\_

Author: \_\_\_\_\_ Publication Year: \_\_\_\_\_

☐ 3. Do not allow my child to check out any materials from school libraries.

Parent/Legal Guardian Signature

Date