Emery County School District



Library Material Request Form

Title:					
Autho	or:				
School:					
Revie	w Request initiated by:				
Telephone:					
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?				
Signa	turo:				
Date	iture.				
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LEA Appointed Committee Convener/Facilitator (Determined by Emery School District Administration					
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