REQUEST FOR REVIEW OF MEDIA CENTER LIBRARY MATERIALS

1. Request initiated by: ___________________________________ School ______________________
   Address ___________________________________ City ____________________ Zip ________________
   Email ________________________________________ Phone ______________________________

2. Type of material:
   ☐ Book (Print) ☐ E-Book (Digital) ☐ Audio Book ☐ Movie ☐ Magazine
   ☐ Other Audio Recording ☐ Library Digital Resource ☐ Game ☐ Newspaper ☐ Other

3. Title: __________________________________________________________________________

4. Author/Producer: __________________________________________________________________

5. Washington County School District is only able to remove materials from the school media center
   library that fit under specific criteria. Books may not be removed because they contain ideas that
   individuals disagree with based upon: politics, nationalism, religion, or other matters of opinion.
   Which legal criteria is the basis for this challenge?
   ☐ Material contains content that would be classified as “Sensitive Material” as defined in policy
   ☐ Material contains content not age appropriate for the school’s age group due to vulgarity
   ☐ Material contains content not age appropriate for the school’s age group due to violence

6. Please explain why this material fits the criteria selected?
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
   __________________________________________________________________________________

7. Where in the resource can this content be found (page, chapter, timestamp, link, etc.)
   __________________________________________________________________________________

8. I certify that I have read WCSD Policy 4211. Initial _________________

9. I understand that I must have standing in accordance with Policy 4211. Initial _________________

10. I understand that I may only submit 3 requests for review each year. Initial _________________

11. I certify that I am completing this request for myself under my standing as defined in policy and not
    on behalf of another individual or organization without standing. Initial _________________

12. I certify that I have read or reviewed the entire material. Initial _________________

Signature _______________________________________________ Date ______________________

Form 944 (Updated 5/25/2022)