

**Colorado Springs School District 11
Board of Education Appeal of the Use of Library Media**

Please return the completed form to the Superintendent.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

1. Media for which you are appealing the decision on the request for reconsideration.

Title _____

Author _____

Publisher/Producer _____

2. For what reasons are you requesting this appeal? Please give specific references.

3. What action do you suggest to alleviate your concerns regarding this media?

Signature _____

Date _____