

Santa Monica – Malibu Unified School District
1651 16th Street
Santa Monica, California 90404

Citizen's Request for Reconsideration of Instructional Materials

TITLE: _____

AUTHOR: _____

PUBLISHER: _____ DATE OF EDITION: _____

Citizen's Name: _____ Phone: _____

Address: _____

If the citizen represents a group, please state the group represented: _____

Request received by (SMMUSD Staff only): _____ Date: _____

Please answer the following questions. You may attach additional sheets if necessary.

1. To what do you object? (Please be specific: cite pages, tape sequence, video frame, and words)

2. Did you read/view the entire selection?

3. If not, what percentage did you read/view, or what parts?

4. What would you like the school to do about this material?

Signature of Citizen: _____

Date: _____