

361.1-EXHIBIT 2 REQUEST FOR LIMITING ACCESS TO LIBRARY MEDIA MATERIALS

WISCONSIN RAPIDS PUBLIC SCHOOLS

REQUEST FOR LIMITING ACCESS TO LIBRARY MEDIA MATERIALS

Date _____ Telephone _____

Parent/Guardian _____

Address _____

City/State, Zip _____

I request that my child _____
(name)

not be permitted to check out _____

from the library media center in _____ School

Signature of Parent/Guardian _____

APPROVED: May 1, 1987

REVISED: January 9, 1995
April 9, 2001
April 10, 2006