

Attachment 1

Request to Opt-Out of School Library Materials Form

Beaufort County School District
2900 Mink Point Boulevard
Beaufort, SC 29901

THIS FORM IS TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN MAKING THE REQUEST

Directions: Please complete this form and submit to the school administrator/designee. Requests will be considered incomplete until the return of this form.

Contact Information of Parent/Legal Guardian Initiating Request

Name: _____ Telephone: _____
(_____) _____

Mailing Address: _____ City/State: _____ Zip Code: _____

Details of Material

Title of Material: _____ Author/Creator: _____

Material Type: _____ Publication Year: _____ School Location: _____

Material Located in: ☐ School Library ☐ Other _____

What, specifically, are you requesting?

You must be the parent or legal guardian of the child for which you are making this request.

☐ Do not assign/lend the specific material named above to my child.

☐ Do not allow my child to check out any materials from school libraries without my prior approval of the specific material in question.

☐ Other _____
