

**Colorado Springs School District 11
Appeal of Reconsideration of Library Media**

Please return the completed form to the Assistant Superintendent/Chief Information Officer of Colorado Springs School District 11.

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 appealing this request for reconsideration of this item? Please give specific references.

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

Signature _____

Date _____