



WAKULLA COUNTY SCHOOL DISTRICT
LIBRARY MEDIA SERVICES

Objections to Library Media Materials

For use by a parent, emancipated student, or resident of the county who is challenging library media materials. Check the appropriate box if you are objecting as a parent/guardian or as a resident of this county.

☐ Parent/Guardian ☐ County Resident

If as a resident, check any applicable boxes.

- ☐ I have maintained a residence in Florida for the past year.
☐ I have purchased, leased, or acquired a home occupied by me as my residence.
☐ I have established a domicile in Florida.

School #	School Name	Date
Author	Title	

☐ Hardcover Book ☐ Paperback Book ☐ DVD ☐ eBook ☐ Film ☐ Other _____

Publisher (if known) _____

Request Initiated By		Phone Number	
Street Address	City	State	Zip Code

Publisher (if known)

Did you read/review this material? ☐ Yes ☐ No For what age group would you recommend this material? _____

To what do you object and why? *(be specific and provide page numbers)*

What do you believe is the function of this material? What are its strengths?

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

In its place, what material of equal quality would you recommend that would convey as valuable a picture and perspective of our civilization?

Print Name of Objecting Party/Resident

Signature of Objecting Party/Resident

Date