



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
LIBRARY MEDIA SERVICES

OBJECTIONS TO LIBRARY MATERIALS

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

☐ Parent/emancipated student.

☐ Broward County resident.

If as a resident, check any applicable boxes.

☐ I have maintained a residence in Broward County, Florida for the past year.

☐ I have purchased, leased, or acquired a home occupied by me as my residence in Broward County, Florida.

☐ I have established a domicile in Broward County, Florida.

School #:	School Name:	Date:
Author:	Title:	
Publisher:	Publication Date:	ISBN # (if available):
<input type="checkbox"/> Hardcover Book	<input type="checkbox"/> Paperback Book	<input type="checkbox"/> CD-ROM DVD
<input type="checkbox"/> eBook	<input type="checkbox"/> Film	<input type="checkbox"/> Website
<input type="checkbox"/> Other		

Request Initiated By:	Phone #:
<i>First Name and Last Name</i>	() -
Street Address:	
City:	State: Zip:

To what do you object? (Specify the portion of the material to which you object (be specific—cite pages, film sequence, segment on video, parts of a kit, etc.
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Basis for objection:
material/s is pornographic or prohibited under s.847.012, Florida Statutes
material/s depicts or describes sexual conduct as defined in s. 847.001(19)
material/s is/are not suited to student needs and their ability to comprehend the material presented
material/s is/are inappropriate for the grade level and age group for which the material is used

Did you review the entirety of this material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no what parts did you review?	
Are you aware of the assessment of this material by library and authoritative critics?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For what age group would you recommend this material?
<input type="checkbox"/> Ages 4-6 <input type="checkbox"/> Ages 7- 10 <input type="checkbox"/> Ages 11-13 <input type="checkbox"/> Ages 14 -18 <input type="checkbox"/> None

Print Name of Objecting Party/Resident

Signature of Objecting Party/Resident

Date