



Coffee County Board of Education

Request for Reconsideration of Textbook

School _____

Title of Textbook _____

Edition _____

ISBN _____

Author _____

Publisher _____

Requested by _____

Phone _____

Address _____

Complainant Represents: _____ Self

_____ Organization (Give Name of Organization)

1) Have you read the entire textbook? _____

2) To what do you object and why? (Be specific, providing page numbers).

3) What do you believe is the theme of this textbook?

4) Other comments

Please return signed copy to the office of the Director of Schools.

Signature of Complainant

Date