

## **Request for Reconsideration of Adopted Instructional Materials**

## **Contact Information**

Last Name		First Name		Middle Name	
Physical Addre	ess				
Mailing Addre	ss (if different than physical	address)			
City	County	, S	tate	Zip	
Telephone Nu	mber	E	E-mail Address		
Filing as:		nt [	$\square$ resident of Leon County		
Instructional Material Information					
Title of Instruc	tional Material				
Publisher	sher Copyright Date				
Type of Material: ☐ Print Textbook ☐ Digital / Online Textbook ☐ Other					
Reason for Request  As required in §1006.28(3) please state below the specific concerns to the selection of this instructional material based upon the criteria of §1006.31(2) or §1006.40(3)(d). You may use additional sheets if necessary. Any additional referenced or cited resources, apart from Florida Statutes or Florida Administrative Procedures, must be provided in order to be considered. This form must be received by Susan Walden (waldens@leonschools.net, 3955 West Pensacola St., Tallahassee, FL 32304) within 30 calendar days of adoption by the Leon County School Board.					

Signature Date