

**JAMESTOWN PUBLIC SCHOOL DISTRICT REQUEST TO VIEW  
INSTRUCTIONAL/RESOURCE MATERIAL**

**Material Information**

Title or Description of Materials: \_\_\_\_\_

Publisher or Producer: \_\_\_\_\_

Copyright Date: \_\_\_\_\_

Type of Material:     Library book         Periodical         Movie         Textbook

Other learning aid: \_\_\_\_\_

**Requestor's Information**

Name: \_\_\_\_\_

Telephone numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_        State: \_\_\_\_\_        Zip Code: \_\_\_\_\_

Requestor represents:  Self         Group/organization: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM MUST BE RETURNED TO THE BUILDING PRINCIPAL**

End of Jamestown Public School District Exhibit GAAE-E1