records, study prints, pictures, transparencies, and all other printed or published items.			
Type of item:			
Title:			
Author:			
Publisher or Producer: Date	Date of Publication:		
Name of person, group or community organization seeking re			
Address (Street, City, State, and Zip):			
elephone: Email:			
1. Did you read, view or listen to the complete item?	Yes	No	
2. What brought this title to your attention?			
3. Is item part of a set or series?	Yes	No	
If yes, did you read, view or listen to all of the set or series?	Yes	No	
4. What is objectionable regarding the item and why? (Pleas	se be specific)		
5. Were there good sections included in the item?	Yes	No	
If yes, please list them:			
6. What do you suggest be provided to replace the item in c			

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7. What is your desired resolution in response to your request?			
Signature	 Date		
If you were not provided your desired resolution a right to file with the school district a formal days from the administrator's decision. Please copy of the reconsideration form to be filed with	contact curriculum@washoeschools.net for a		