

REQUEST TO INSPECT INSTRUCTIONAL MATERIALS

Parent's Name \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

School \_\_\_\_\_

Course of Study \_\_\_\_\_ Teacher's Name \_\_\_\_\_

The specific instructional materials I wish to review are \_\_\_\_\_

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Signature \_\_\_\_\_

\_\_\_\_\_

Date