

**SUWANNEE COUNTY SCHOOLS  
OBJECTION TO THE USE OF A SPECIFIC MATERIAL FORM**

The following information is required concerning all challenged materials:

Author, compiler, or editor \_\_\_\_\_

Publisher \_\_\_\_\_

Title \_\_\_\_\_

Reason(s) for objection \_\_\_\_\_

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Page number(s) for each item challenged \_\_\_\_\_

Parent/Resident's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent/Resident's Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Resident

\_\_\_\_\_  
Date