

Clover Park School District

10903 Gravelly Lake Drive SW
Lakewood, Washington 98499

Form 2020-F1

Request for Review of Instructional Materials

- 1. _____
Name of Person Requesting Review

Address

Telephone

- 2. _____ _____ _____
Child's Name Grade School

- 3. _____ _____
Title Author

Copyright Date Publisher

- 4. _____
Subject and Grade Level(s) in which used

I request that the material listed above be made available to me for my review and hereby acknowledge its receipt.

Date _____ Signature _____

Listed above was returned on _____
Date

Principal's Signature

Former Form Number: 4401-F1
Date: 05.89
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