

South Jefferson Central School District

Request for Review of Internet Filtering Form

1. Date of Request _____

2. Request Initiated by _____

3. Address _____

4. City _____ 5. Zip Code _____

6. Telephone _____

7. Complainant Represents: Self: _____

Name of Organization _____

Other: _____

8. Address of Internet material (Uniform Resource Location i.e. www.whereever.com)

9. Description of material _____

10. I would like this material blocked ____ unblocked ____

11. My objections to the way this material is currently handled is _____

12. I would like the outcome of this review to be: _____

Signature of Complainant _____