

Arkansas-Louisiana Conference  
OFFICE OF EDUCATION  
P O Box 31000  
Shreveport, LA 71130

**ALTERNATE TEXTBOOK REQUEST**

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Date: \_\_\_\_\_

Subject Area: \_\_\_\_\_

School: \_\_\_\_\_ Request by: \_\_\_\_\_

Textbook Title: \_\_\_\_\_

Publisher: \_\_\_\_\_ Author: \_\_\_\_\_

Copyright Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Briefly summarize why recommended textbook for this class is not suitable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state major reasons why the proposed textbook is being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit a copy of the proposed textbook and supplementary materials with this request to the ARKLA Office of Education. It will be returned to you as quickly as possible.

\_\_\_\_\_  
Teacher