

Reconsideration Committee Agreements:

Please read all sections thoroughly, check all boxes, print, and sign your full name.

- I agree to read/view the reconsidered material in its entirety.
- I agree to civil discussion, without harassment, verbal abuse, or anger directed at other members of the Reconsideration Committee.
- I agree to keep the Reconsideration Process confidential, not sharing with others verbally, through writing, or on any social media platform or website.
- I agree to always keep the names and titles of all Reconsideration Committee members anonymous.
- I understand that, in the case of a FOIA request, all participants of a challenge can be named including the complainant and members of the Reconsideration Committee.
- I agree to accept the result of the vote, no matter the outcome.

Printed Name _____

Signature _____

Date _____