

THIS FORM IS TWO PAGES.



The Maryland School for the Blind

3501 TAYLOR AVENUE BALTIMORE, MARYLAND 21236 410-444-5000

STUDENT PERMISSIONS SHEET

2011-2012

NAME OF STUDENT: _____

Please read the following permission information carefully. Mark the appropriate box after **EACH** permission then **sign and date the reverse side of this form.**

This form will be placed in your child's file and is valid for one year from the date signed. You may notify the school, at any time, if you wish to add or delete permission from your child's records. You may request a copy of permissions on file for your child.

100 - **RELEASE OF INFORMATION TO STATE** - The Maryland State Department of Education continues to develop educational services for children with handicaps or impairments. To do this the State Department of Education must know how many children there are, what type of impairments they have, what services they need, and what services they receive.

The State Department of Education requires us to send information on each student at The Maryland School for the Blind (MSB). This information will not include your child's name or your name and address.

Although we are required to submit the name of each student enrolled at MSB to the State in order for that student to remain at the School, we must also have your permission to do so. It will be helpful to your child and other visually impaired children in the State if you will give us permission to release information on your child.

_____ Permission Granted _____ Permission **NOT** Granted

125 - **PUBLIC RELATIONS** - Many pictures are taken throughout the school year of various school activities. These pictures and other information are sometimes used in press releases, television and radio spots, newspapers, the MSB Annual Report, and other publications. We request permission for your child to be photographed for the above purposes.

_____ Permission Granted _____ Permission **NOT** Granted

NAME OF STUDENT: _____

