

American Printing House (APH)

CONSENT TO RELEASE STUDENT INFORMATION

REGISTRATION OF LEGALLY BLIND STUDENTS

In order to register my child with Maryland Instructional Resource Center (MIRC) and the American Printing House for the Blind (APH*), I hereby authorize **THE MARYLAND SCHOOL FOR THE BLIND** to share my child's personally identifiable information

(local school district and/or agency)

as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, _____, certify that I am the parent(s)/guardian(s) of:
(print parent name)

Student (first, middle, last):

Students date of birth (mm/dd/yyyy):

and that s/he is a dependent according to Section 152 of the Internal Revenue Code if s/he is over eighteen years of age. I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to (robh@mdschblind.org).

Parent Signature

Date

NOTE: THIS FORM IS TO BE KEPT ON FILE IN THE LOCAL SCHOOL SYSTEM, NONPUBLIC SCHOOL OR AGENCY.

*APH is a nonprofit organization for the blind. According to the Federal "Act to Promote the Education of the Blind", all students who meet the definition of blindness can receive specialized textbooks and accessible materials through the APH Federal Quota Program