



CONSENT TO RELEASE INFORMATION AND RECORDS

(For students 14 or older)

STUDENT:

DOB:

PARENT/GUARDIAN: Postsecondary goals and transition services will be considered beginning no later than the first IEP to be in effect when your child turns 14 or older. In order for MSB to refer, share information, or invite agencies such as those listed below, we must have your written consent. Please review, complete, sign and, return this form as soon as possible.

I hereby authorize The Maryland School for the Blind to:

- Refer my child to this agency for eligibility determination
- Release educational and psychological records on my child upon request
- Invite a member of this agency to attend my child's IEP or other school meeting
- Provide information verbally upon request
- Observe my child in his/her classroom and/or dorm environment

The above information may be released to the following agencies and is for the purpose of IEP, program, and/or transition planning. **(Check any that apply for your child. If you are unsure, you may check all. Contact information is helpful but not required.)**

Behavioral Health Administration (BHA)

Agency Contact:

Agency Phone or Email:

Developmental Disabilities Administration (DDA)

Agency Contact:

Agency Phone or Email:

Division of Rehabilitation Services (DORS)

Agency Contact:

Agency Phone or Email:

Department of Labor and Licensing (DLLR)

Agency Contact:

Agency Phone or Email:

Local Health Department

Agency Contact:

Agency Phone or Email:

MMARS-RC Inc.

Agency Contact:

Agency Phone or Email:

-OVER-

Student: _____

Optimal Health Care

Agency Contact:

Agency Phone or Email:

Rare and Expensive Medical Care Services (REM)

Agency Contact:

Agency Phone or Email:

Service Coordination Inc.

Agency Contact:

Agency Phone or Email:

The Coordinating Center

Agency Contact:

Agency Phone or Email:

Total Care Centers for Support Services

Agency Contact:

Agency Phone or Email:

Other: Name of Agency:

Agency Contact:

Agency Phone or Email:

Other: Name of Agency:

Agency Contact:

Agency Phone or Email:

Unless otherwise specified, this release expires one year from the date of parent/guardian signature.

Parent/Guardian (*Printed Name*)

Parent/Guardian Signature

Date

Return completed form to:

Coordinator, Student Services

The Maryland School for the Blind

3501 Taylor Avenue

Baltimore, MD 21236

Fax: 410-319-5701

Questions? Contact the Transition Coordinator at 410-444-5000, ext. 1382