# ATTACHMENT 3

**CONSENT TO RELEASE STUDENT INFORMATION REGISTRATION OF BLIND AND LOW VISION STUDENTS**

In order to register my child with the Maryland Instructional Resource Center (MIRC) and the American Printing House for the Blind (APH\*), I hereby authorize The Maryland School for the Blind (local education agency) to share my child’s personally identifiable information 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,  (print name), certify that I am the parent/guardian of  (student’s **full** name), whose date of birth is  (student’s **complete** date of birth), 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 (Conchita.hernandez@maryland.gov).

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Parent Signature Date

Parent Name

**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.