

Outreach Services Missouri School for the Blind Release of Information



I understand that many agencies provide a variety of services and benefits. Each agency must have specific information in order to provide these services and benefits. By signing this form, I am allowing the named agencies to exchange specific information to effectively provide or coordinate services and benefits.

A. I, _____ give my informed consent for
(Parent/Legal Guardian Name)

information regarding _____ / _____ to be
(Child's Legal Name) (DOB)

mutually exchanged/shared between the providers below:

	AND	Outreach Services _____
Provider Name		Missouri School for the Blind
		3815 Magnolia Avenue
Provider Address		St. Louis, MO 63110
		FAX: 314-773-3762
		For questions, call: 314-776-4320,
Phone/FAX		ext. 1240

B. The purpose of the exchanged/shared information is to:

- Assist in determining eligibility
- Plan and provide service; specify service: Assessment and technical assistance
- Other; specify: Permission to exchange information and conduct Functional Vision Learning Media Assessment (FVLMA) by MSB staff
- Other; specify: Permission to exchange information and conduct Orientation and Mobility (O&M) Assessment by MSB staff

C. This consent includes the following types of information: (as checked)

- Eye care; specify dates of service: within last 12 months
- Hearing and audiological care; specify dates of service: _____
- Other health and medical records; specify type and date of service: _____
- IFSP/IEP/ 504 Plan
- Current educational evaluation
- Other; specify: Questionnaire provided by MSB staff

D. I understand:

- I have the right to inspect and receive a copy of the information to be shared.
- I am providing my consent voluntarily and I understand the information on this form.
- I have a right to revoke this release at any time. I understand that if I revoke this release, I must do so **in writing** and present my written revocation to Outreach Services, Missouri School for the Blind, 3815 Magnolia Avenue, St. Louis, MO 63110. I understand further that actions already taken based on this release, prior to revocation, will **not** be affected.
- This release of information will remain in effect for one year unless I specify an expiration date. Indicate specified expiration date here: _____

F.

_____	_____
Signature (Parent/Legal Guardian)	Date

Address	

Phone Number	

Email	

If release is signed by a personal representative of the individual, please include a description of authority on the child’s behalf and attach a copy of the document granting authority.

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