



**Parent/Guardian Release of Information Form  
Missouri Deaf-Blind Census Reporting**

The Missouri Deaf-Blind Census includes information on the number of individuals (ages birth through 21 years of age) with deafblindness along with the types of services these individuals and their families receive. This information is used to determine the needs of infants, children and youth identified with deafblindness within a given area.

The United States Office of Special Education Programs provides funding to the Missouri Deaf-Blind Technical Assistance Project based on the identified needs and number of infants, children and youth identified with deafblindness in Missouri. Future planning for services to these individuals with deafblindness is based on information collected about the current population. Therefore, it is important that all individuals with deafblindness are included in this Census to assure planning for their future.

I, (please print your name) \_\_\_\_\_, parent/guardian of (please print your child's name) \_\_\_\_\_, hereby give permission for my child's name and pertinent data to be kept on the Missouri Deaf-Blind Census for planning programs for all deafblind infants, children and youth. This permission will remain in effect as long as the student is registered in this district, until a written revocation is provided by the parent/guardian, or until the student reaches his or her age of majority.

**(Your signature)**

**(Date)**

Your address:

\_\_\_\_\_  
(Street address or PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

Yes, I wish to receive pertinent informational mailings from the Missouri Deaf-Blind Technical Assistance Project via email to the following email address: \_\_\_\_\_

Yes, I want my child to be maintained on the Helen Keller National Registry of Persons Who are Deaf-Blind. The purpose of the HKNC Registry is to provide basic information about people with combined vision and hearing loss in the United States, as a planning tool and for research purposes. All identifying information is confidential.

Form may be faxed or emailed to Megan Burgess at (314) 773- 3762 or [Megan.Burgess@msb.dese.mo.gov](mailto:Megan.Burgess@msb.dese.mo.gov). It may also be mailed to:

**Megan Burgess, Project Coordinator  
Missouri Deafblind Technical Assistance Project  
Missouri School for the Blind  
3815 Magnolia Avenue  
St Louis, Missouri 63110-4099**

If you have any questions, please contact Megan Burgess at (314) 633-1587 or Maranda Calvin, Outreach Administrative Assistant, at (314) 633-3961.