



RELEASE OF INFORMATION FOR REGISTRATION IN THE AMERICAN PRINTING HOUSE FOR THE BLIND FEDERAL QUOTA PROGRAM

I understand that many agencies provide a variety of services and benefits. In order to determine eligibility, agencies must have personally identifiable information about individuals who qualify for assistance. By signing this form, I am allowing the district/agency listed below to exchange personal information to effectively provide and/or coordinate services and benefits between the district/agency and the American Printing House for the Blind (APH).

A. I give my informed consent for personally identifiable information regarding my child to be mutually exchanged/shared between the following district/agency and APH Ex Officio Trustee, Outreach Services, Missouri School for the Blind, Missouri Department of Elementary and Secondary Education (DESE), 3815 Magnolia Avenue, St. Louis, MO 63110, fax: 314-773-3762.

For questions, contact your special education director or Yvonne Ali, the APH Ex Officio Trustee for DESE at 314-633-1551 or Yvonne.ali@msb.dese.mo.gov.

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|----------------------------|----------|-----------------------|---------------------|-------------|
| PARENT/LEGAL GUARDIAN NAME | | CHILD'S LEGAL NAME | | CHILD'S DOB |
| DISTRICT/AGENCY NAME | | | STREET ADDRESS | |
| STATE | ZIP CODE | DISTRICT PHONE NUMBER | DISTRICT FAX NUMBER | |

- B. The purpose of the exchanged/shared information is to:**
- Assist in determining eligibility of students with legal blindness for APH Federal Quota Funds
 - Obtain APH Federal Quota Funds to provide textbooks and/or instructional products in alternate formats for students with legal blindness
- C. The personally identifiable information authorized to be exchanged/shared includes:**
- Student's legal name
 - Date of birth
 - Visual function (e.g., visual acuity, visual field, Functions at the Definition of Blindness, or a combination of functions)
 - School district/agency
 - Grade placement
 - Primary and secondary reading medium
 - Language used for instruction
- D. This consent includes confirmation/sharing of the following types of information between said district/agency and the APH Ex Officio Trustee to confirm documentation and eligibility:**
- Confirmation of a comprehensive eye care/medical report which includes a specified date of service within the last 3 years or a previous report with verification of non-changing visual function
 - Confirmation of a written education plan (e.g., Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), 504 Plan, or other written plan)
 - Indication of the existence of current vision assessment(s) (e.g., functional vision assessment, learning media assessment, low vision assessment)

The above documentation (Section D) is to be **maintained at the district/agency level** as proof of eligibility in the event of an audit; actual documents need not be shared unless requested.

I understand:

- 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:
 Ex Officio Trustee to APH
 Missouri School for the Blind – Outreach Services
 3815 Magnolia Avenue, St. Louis, MO 63110
 Fax: 314-773-3762
- I understand further that actions already taken based on this release, prior to revocation will NOT be affected
- This release of information will continue in effect as long as the student remains in the reporting district/agency

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|---------------------------------|------|-------|----------|--------------|
| PARENT/LEGAL GUARDIAN SIGNATURE | DATE | EMAIL | | |
| STREET ADDRESS | | STATE | ZIP CODE | PHONE NUMBER |

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.

"District/Agency" includes all local education agencies, state education agencies, private, charter, and home schools.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email civilrights@dese.mo.gov.