

MISSOURI SCHOOL FOR THE BLIND

Authorization for Release of Information and Permission to Collaborate

Name of student:

Student's date of birth:

Student's present address and phone number:

I, _____, the above named individual or the parent or legal guardian of the above named individual, do hereby authorize the following agencies:

and/or members of my/my child's educational team who participate in the **2017-2018 Hand In Hand Course** to release and discuss pertinent information about me/my child as it relates to assignments and action planning of the Hand In Hand Coursework to:

Megan Burgess, Project Coordinator

Missouri Deafblind Technical Assistance Project/Missouri School for the Blind

3815 Magnolia Avenue

St Louis, MO 63110

(314) 633-1587 direct

(314) 773-3762– fax megan.burgess@msb.dese.mo.gov

Pertinent information includes:

By signing this release, I am also granting permission for the above listed agencies and the Missouri Deafblind Technical Assistance Project/Missouri School for the Blind to collaborate in order to improve the quality of service for me/my child (e.g., participation in Hand In Hand Course and related meetings, preparing for and conducting onsite mentoring observations pertaining to Hand In Hand Course, assist in related Hand In Hand Activities). I understand that this release stays in effect until it is revoked.

Signature

Date