

# 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 **2020-2021 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, Deaf-Blind Project Coordinator**

Missouri Deaf-Blind Technical Assistance Project/Missouri School for the Blind

3815 Magnolia Avenue

St. Louis, MO 63110

(314) 633-1587-direct or (314) 773-3762– fax

[Megan.Burgess@msb.dese.mo.gov](mailto: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 Deaf-Blind 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 for one year from the date signed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(expires one year from date above)

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**3815 Magnolia Avenue, St. Louis, Missouri 63110**  
**(314) 776-4320**  
**[www.msb.dese.mo.gov](http://www.msb.dese.mo.gov)**