

MISSOURI SCHOOL FOR THE BLIND

Authorization for Release of Information and Permission to Collaborate

Student's name: _____

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 agency/agencies:

_____ and/or members of student's educational team who participate in the 2019-2020 Open Hands Open Access (OHOA): Deaf-Blind Intervener Training Modules to release and discuss pertinent information about the student as it relates to assignments and action planning of the OHOA Training Modules to:

Mandy Clayton, School Support Specialist

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

3815 Magnolia Avenue

St Louis, MO 63110

Direct: (314) 633-1553 Fax: (314) 773-3762

mandy.clayton@msb.dese.mo.gov

Pertinent information includes:

- Diagnostics, including current hearing and vision information
- Individual Educational Plan
- Observation of Student
- Other pertinent evaluations for educational need

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 the OHOA Deaf-Blind Intervener Training Modules and related mentoring, preparing for and conducting onsite mentoring observations pertaining to OHOA Deaf-Blind Intervener Training Modules, assist in related OHOA Deaf-Blind Intervener Training Modules activities). I understand that this release stays in effect for one year after signature date.

Signature

Date

(Expires once year after date above)