

Sample Parent Permission to Provide Information

Instructions for filling out the form:

Add your agency information to the form before sharing this with parents. The area reserved for the agency information is right under the heading and is also a fillable section with four fields. The completed section will look similar to this:

Name of Local Educational Agency
Street Address
City, State, Zip
Phone

Keep a signed copy of this form at your school site for each student that you have registered with the American Printing House for the Blind (APH) annual census. It is critical to note that in the event of an audit you may be asked to produce the original, signed document.

If you have questions about filling out the form or this requirement, please contact a Clearinghouse for Specialized Media and Technology (CSMT) staff person by calling or emailing the address above.

Parent Permission to Provide Information

Student's Name: _____ Birth Date: _____

Address: _____

City: _____ Zip Code: _____

I give permission, by way of signature, to _____
to share information pertaining to my child with the American Printing House for the Blind
(APH). I am advised that the information obtained will be used for an annual census
conducted by the California Department of Education in accordance with the APH Federal
Quota Program. This federal program allocates instructional materials and equipment
designed to enhance educational programs for the blind in California.

Print Name: _____

Parent Signature: _____ Date: _____