

Sample Parent Permission to Provide Information Form

Instructions

Complete the ***Agency Information*** section on the top of page 2 before sharing with parents.

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 below:

California Department of Education
Curriculum Frameworks and Instructional Resources Division
Clearinghouse for Specialized Media and Technology
1430 N Street, Suite 3207
Sacramento, CA 95817
Phone: 916-319-0881
Email: CSMT@cde.ca.gov

Parent Permission to Provide Information

Agency Information

Agency Name:

Street Address:

City:

Zip:

Phone Number:

Student 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: