



Consent to Release Student Information

In order to register my child with the Wisconsin Center for the Blind and Visually Impaired (WCBVI) and the American Printing House for the Blind (APH*),

I hereby authorize _____ (*Local school district and/or agency*) to share my child's personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, _____ (*print parent/guardian name*),

certify that I am the parent/guardian of _____ (*student name*),

whose date of birth is _____ (*student's complete date of birth*),

and that s/he is a dependent according to Section 152 of the Internal Revenue Code if s/he is over eighteen years of age. If student is own guardian, check here, and student signs below.

I understand that this release will remain in effect unless I revoke it in writing.

I further understand that I can revoke this release at any time by sending an email to

aphcensus@wcbvi.k12.wi.us

Parent Signature

Date

**APH is a nonprofit organization for the blind. According to the Federal "Act to Promote the Education of the Blind", all students who meet the definition of blindness can receive specialized textbooks and accessible materials through the APH Federal Quota Program.*

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