CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION FROM THE REGISTRATION OF STUDENTS WITH VISUAL IMPAIRMENTS

All students who are eligible for special education as **VISUALLY IMPAIRED**, or as **DEAFBLIND** must be registered by the district on the Texas Education Agency's annual Registration of Students with Visual Impairments. The Texas Education Agency needs parent consent in order to release personally identifiable information from the Registration to other entities that use this information for educational and related purposes to benefit the student.

The specific purpose of these disclosures is to qualify registrants for special textbooks, media and materials, and supplemental services. The information also facilitates local, regional, statewide, and national planning, service development, and evaluation. This information is released on an annual basis.

Information to be released may include social security number, name, birth date, grade, disabilities, acuity, textbook media, reading level, ethnicity, if your child receives orientation and mobility services, and school district.

*☐ Yes ☐ No — I authorize the Texas Education Agency and its contractors responsible for the Registration of Students with Visual Impairments to release personally identifiable educational and statistical data from the annual registration regarding the above-named student to the following entities:

- Texas Department of Assistive and Rehabilitative Services-Division of Blind Services (DARS-DBS)
- American Printing House for the Blind, Inc.
- Regional Education Service Centers in Texas
- Texas School for the Blind and Visually Impaired
- Texas Department of Assistive and Rehabilitative Services-Early Childhood Intervention (DARS-ECI)
- Recording for the Blind and Dyslexic, Inc.
- Texas State Library, Division for the Blind and Physically Handicapped

*☐ Yes ☐ No — I have been fully informed and understand the Texas Education Agency's request for my consent as described above to release my child's records.

*☐ Yes ☐ No — I understand that my consent is voluntary and may be revoked at any time.

* For more information, please call: _____ at: _____

_____ _____

* Signature of Parent, Guardian, Surrogate Parent or Adult Student — * Date

_____ _____

* Signature of Interpreter, if used — * Date

Please return this form to the school staff person: _____ at school: _____ as soon as possible.

* Denotes required items