



# THE UNIVERSITY OF SOUTHERN MISSISSIPPI

## Mississippi Deaf-Blind Project

Technical Assistance for Children and Young Adults with Deaf-Blindness

### **Consent/Release of Information to/with Other Agencies and Services**

Parent/Guardian:

Occasionally, in order to provide and obtain services for children on the Mississippi Deaf-Blind Registry, Project Staff need to share and/or obtain information with other agencies and services. This information exchange may include information or copies of your child's medical report(s), and evaluations related to the educational or vocational program, including your contact information, as it may already be on any of these reports. It may also include our staff visiting with your child at settings other than your home. Your signature below indicates your permission for us to discreetly and professionally share this necessary information on an as needed basis throughout the life of our relationship with you.

It is my understanding that my child will remain on the registry until his/her 22<sup>nd</sup> birthday unless I choose to withdraw or am unable to produce vision and hearing reports that meet eligibility criteria every three years as required by the US Department of Education, Office of Special Education Programs.

All information is held in strict confidence. If you have any questions, please feel free to contact us.

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Child's Name

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Parent/Guardian Signature

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Parent/Guardian Signature

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Parent/Guardian Signature

CURRICULUM, INSTRUCTION, AND SPECIAL EDUCATION  
118 College Drive # 5115 · Hattiesburg, MS 39406-0001  
(601) 266-5135 or 1-800-264-5135 · Fax (601) 266-4978  
[www.usm.edu/msdb](http://www.usm.edu/msdb)

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