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 Hearing-Vision Registry, Project Staff need to share and/or obtain information including videos and pictures 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.

Your signature below also provides permission to add your child’s name to the Helen Keller National Center Registry of Individuals who are Deaf-Blind. Again, your child’s information will remain confidential, and be used for federal reporting purposes only, not for solicitation. The more individuals identified results in greater justification of increased funding for services.

It is my understanding that my child will remain on the registry until his/her 22nd 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.

______________________________
Child’s Name

______________________________
Parent/Guardian Signature

______________________________
Parent/Guardian Signature

______________________________
Parent/Guardian Signature

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Project Officer, Louise Tripoli.