

Consent to Release Information

Adult Consent Form

In order to register me with Paul V. Sherlock Center on Disabilities at Rhode Island College and the American Printing House for the Blind (APH*), I hereby authorize the local school district _____ and/or agency _____ to share my personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District/Agency, Grade Placement, Visual Function, Primary and Secondary Reading Medium, Primary Language Used for Instruction in the Classroom, and cross reference of siblings also registered (to prevent duplication of registration).

I, _____ (print name), whose date of birth is _____, identify that I am independent according to Section 152 of the Internal Revenue Code because I am over eighteen years of age. 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 e-mail to sdavit@ric.edu

I am advised that the information obtained will be used for an annual census conducted by the Paul V. Sherlock Center on Disabilities at Rhode Island College, on behalf of the RI Department of Education in accordance with the APH Federal Quota Program. The APH Federal Quota Program established by the Education Act of the Blind provides resources including specialized materials to individuals who qualify under the APH Census.

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.

Promoting membership for all in school, work and community

A University Center for Excellence in Developmental Disabilities • www.sherlockcenter.org