

Dear Parents and Guardians,

The purpose of this letter is to inform you that your agency/school district is in the process of completing the Annual Federal Quota Registration of Blind Students through the American Printing House (APH) Federal Quota Program. This federally funded program provides textbooks, educational aids, and other learning materials for qualifying children with visual impairment and blindness.

In order to be included in the Federal Quota program, eligible students must be registered in an annual census, requiring the exchange of specific personally identifiable student information (PII). This information is only collected to meet the reporting obligations to the U.S. Department of Education, Office of Special Education Programs, and other entities as required by law. The Family Educational Rights and Privacy Act (FERPA) requires your consent to release your child's personally identifiable information for these purposes.

The name(s) of your child(ren) will be registered, along with other pertinent information including birthdate, school district, grade placement, primary/secondary reading medium, primary language used for instruction in the classroom, and indication of visual function. All PII collected for this registration is confidential and will be protected from unauthorized access or use. Your child's PII will not be shared with any other entities or for any other purpose, unless permitted by state or federal law.

The Federal Quota Census Registration is completed under the supervision of the Ex Officio Trustee (EOT) designated to oversee his or her respective APH accounts. It is the responsibility of the EOT to submit accurate information to APH in a secure manner; therefore, the EOT determines the manner in which information is collected and subsequently sent to APH in Louisville, KY.

Your written consent is required in order to provide this information to APH. Consent to include your child in the Federal Quota Census allows the Paul V. Sherlock Center on Disabilities at RI College to purchase products and materials from the APH on behalf of your child and other children in our state. You may choose not to provide your consent; however, doing so will mean that fewer Quota funds will be provided to Rhode Island.

If you have questions or concerns regarding the Annual Federal Quota Registration Process, please contact Stefanie Davit, EOT (sdavit@ric.edu).



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Consent to Release Student Information

In order to register my child 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/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, Primary Language Used for Instruction in the Classroom, and cross reference of siblings also registered (to prevent duplication of registration).

I, _____ (print name), certify that I am the parent(s)/guardian(s) of _____ (student's full 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. 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 Stefanie Davit at sdavit@ric.edu

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.

Promoting membership for all in school, work and community

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