This form is used when parents are giving their permission for an organization, an agency, or an individual to send information about their child to the Alabama Institute for Deaf and Blind.

I, the parent or guardian of the child whose name is listed on this form, request that the school send the information requested regarding my child to the Alabama Institute for Deaf and Blind.

School System: ___________________________________________________________

Name of school: _________________________________________________________

Address: __________________________________________________________________

City                          State                          ZIP

Telephone: ______________________________

Name of Child ___________________________ Date of Birth ______________

School student is now attending or has attended:

Please forward a copy of the following records: Cumulative record, most current IEP, Eligibility Decision Regarding Special Education Services report, evaluations (psychological, educational, behavioral/adaptive behavior, vision, audiological, speech, physical therapy, occupational therapy, intellectual and achievement scores).

Please send information to:  AIDB – Senior Services
                            1209 Fort Lashley Avenue
                            Talladega, AL 35160

                            Attention:  Outreach

Relationship to student of person requesting information: ______________________

Parent/Guardian Signature: ________________________________________________

Address: ________________________________

_______________________________  Telephone: _____________________________

Revised 11/28/2016