

AIDB OUTREACH SERVICES
REQUEST FOR INFORMATION
EDUCATIONAL

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.

Date _____

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: _____