

POLK COUNTY SPECIAL SERVICES COOPERATIVE

601 North Jackson ~ Livingston, Texas 77351 ~ Phone: (936) 328-2320 ~ Fax: (936) 328-2349

DIRECTOR: EMMA ALICE TINNEY

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION FROM THE DEAFBLIND CENSUS

All students who are eligible for special education as Deafblind, or as both Auditorily Impaired and Visually Impaired, or who are at-risk for deafblindness, must be registered by the district on the Texas Education Agency's annual Deafblind Census. At-risk for deafblindness means that the student is suspected of having both a hearing and vision loss that may result in educational delays or a need for specialized services, but the student has not yet been fully assessed in one or both of the sensory areas.

The Texas Education Agency needs parent consent in order to release personally identifiable information from the Census to other entities that will use this information for educational and other related purposes to benefit the student.

The specific purpose of these disclosures is to qualify registrants for special media, materials and supplemental services. The information also facilitates local, regional, statewide and national planning, service development and evaluation. This information is released on an annual basis. It will also enable a specialist from your regional education service center to contact you to describe free services available to you from the Texas Deafblind Project. A representative of the Helen Keller National Center for Deaf-Blind Youths and Adults may also contact you to provide information about their services.

Information to be released may include social security number, name, birth date, grade, etiology of deafblindness, other disabilities and related information, and parent's name, address and phone number.

Yes No
* I authorize the Texas Education Agency and its contractors responsible for the Deafblind Census to release personally identifiable educational and statistical data from the annual census regarding the above-named student, if eligible, to the following entities:

- Texas Commission for the Blind
- Texas Department of Human Services
- Regional Education Service Centers in Texas
- Texas School for the Blind and Visually Impaired
- Interagency Council on Early Childhood Intervention
- Helen Keller National Center for Deaf-Blind Youths and Adults
- United States Department of Education, Office of Special Education and Rehabilitation Services

Yes No
* I have been fully informed and understand the Texas Education Agency's request for my consent as described above to release my child's records.

Yes No
* I understand that my consent is voluntary and may be revoked at any time.

For more information, please call: Teresa Hendry or Debbie Graham at (936) 328-2320.

*Signature of Parent, Guardian, Surrogate Parent or Adult Student

*Date

*Signature of Interpreter, if used

*Date

Please return this form to: Teresa Hendry or Debbie Graham at _____ as soon as possible.
(School)

* Denoted required items

SERVING THE STUDENTS OF:

Revised 08/30/2005
Consent – DB Census