**EXIT FORM**

**Colorado Department of Education (CDE)**

**& Colorado Instructional Materials Center (CIMC)**

The intent of this form is to assist in the tracking of students in Colorado as a change of placement occurs. As part of the collaborative statewide registration process between the Colorado Department of Education (CDE) and the Colorado Instructional Materials Center (CIMC) this Exit Form should be filled out completely when a student who is blind or visually impaired withdraws from a Colorado school district, and returned to CIMC as close to the date of withdrawal as possible. Thank you for your assistance in tracking students with visual impairments in Colorado.

**STUDENT NAME – LAST:** Click here to enter text. **, FIRST:** Click here to enter text.

**SASID # (10 DIGIT):** Click here to enter text. **DATE OF BIRTH:** Click here to enter a date.

**DISTRICT/AU STUDENT IS LEAVING:** Choose an item.

**DATE WITHDRAWN FROM DISTRICT/AU:** Click here to enter a date.

**REASON STUDENT WITHDREW:** Choose an item.

**In State – New District/AU If Known:** Choose an item.

 **Out of State – New State If Known:** Click here to enter text.

**BRAILLE WRITER (with BLUE barcode) CHECKED OUT TO THIS STUDENT? YES**[ ]  **NO**[ ]

 **If YES, has it been returned to CIMC? YES**[ ]  **NO**[ ]

**ADDITIONAL INFORMATION:** Click here to enter text.

**SIGNATURE OF PERSON COMPLETING THIS FORM:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:** Click here to enter a date.

**PRINTED NAME:** Click here to enter text.

**PHONE:** Click here to enter text.

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**PLEASE SCAN, FAX, OR MAIL THIS FORM TO**

**COLORADO INSTRUCTIONAL MATERIALS CENTER**

**1015 EAST HIGH STREET**

**COLORADO SPRINGS, CO 80903**

**Email: cimcregistrations@csdb.org**