**Parent Consent Form**

**Teacher Instructions:**1*.* Part I must be completed for each student you register. Parents of students who are counted in the federal quota, need to complete Part I and Part II.   
2. Keep the original of this form on file in your Administrative Unit (AU).  
3. Send a copy to cimcregistrations@csdb.org.

**Parent Instructions:**1. Please read the document and sign if you agree to consent.  
2. Return this signed form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print TVI’s name), your child’s Teacher of Students with Visual Impairment (TVI).   
3. If you have questions about any of the information below, please contact your child’s TVI.

# **Part I - Parent Consent Form for CDE, CIMC and CSDB** (Use this section for all students)

Your written consent is required for your school district to share personally identifiable information about your child with the Colorado Department of Education (CDE), Colorado Instructional Materials Center (CIMC), and Colorado School for the Deaf and the Blind (CSDB) for registration in a statewide database for the purpose of an annual count, and instructional materials library database. These agencies take student privacy very seriously. We invite you to consent to this count so that Colorado has an accurate count of all learners with visual impairment and to ensure each student has access to needed educational materials.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that I am the parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print student’s full name), whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s complete date of birth). 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 CIMC at cimcregistrations@csdb.org.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Part II - Parent Consent Form for APH, CDE, CIMC and CSDB** (In addition, use this section for students to be included in the Federal Quota Census, a count of students who are legally blind)

Dear Parents and Guardians,

The purpose of this letter is to inform you that the Colorado Department of Education (CDE) and the Colorado Instructional Materials Center (CIMC) is charged with managing the Annual Federal Quota Registration of Blind Students through the American Printing House for the Blind (APH) Federal Quota Program. This federally funded program provides textbooks, educational aids, and other learning materials for qualifying children with visual impairment and blindness.

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. All personally identifiable student information (PII) collected for this registration is confidential and will be protected from unauthorized access or use. Your child’s personally identifiable student information (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. The Ex Officio Trustee for the Colorado Department of Education accounts and the Colorado School for the Deaf and the Blind account is Jim Olson at the Colorado Instructional Materials Center. It is the responsibility of the Ex Officio Trustee to submit accurate information to the American Printing House for the Blind (APH) in a secure manner; therefore, the Ex Officio Trustee determines the way information is collected and subsequently sent to APH in Louisville, KY.

Your written consent is required to provide this information to the American Printing House for the Blind. Consent to include your child in the Federal Quota Census allows the Colorado Department of Education, the Colorado School for the Deaf and the Blind, and the Colorado Instructional Materials Center to purchase products and materials from the American Printing House for the Blind 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 Colorado.

If you have questions or concerns regarding the Annual Federal Quota Registration process, please contact your child’s Teacher of Students with Visual Impairment (TVI).

In order to register my child with the American Printing House for the Blind and the Colorado Instructional Materials Center, I hereby authorize the Colorado Department of Education and/or the local school district and/or the Colorado Instructional Materials Center to share my child’s personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Indication of Visual Function, Primary and Secondary Reading Medium, Language of Instruction.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that I am the parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print 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 Jim Olson, Ex Officio Trustee, at jolson@csdb.org.

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.