



Northwest Regional Education Service District

American Printing House for the Blind Parent Consent

I hereby authorize my child’s Regional Program to share my child’s personally identifiable information with the American Printing House for the Blind (APH). 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 received specialized textbooks and accessible materials through the APH Federal Quota Program. The information needed includes: Name, Date of birth, School district, grade, placement, visual function, primary and secondary reading medium. This information will be reported to the American Print House for the Blind and the Oregon Textbook and Media Center for the Annual Census.

I, _____ certify that I am the parent/guardian
Printed name of parent/guardian

of _____ whose date of birth is _____.
Full name of student

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 brian.yoder@wesd.org or mail to: Oregon Textbook and Media Center, 2060 Vista Ave. SE #100, Salem, OR 97302

Parent/Guardian Signature

Date

■ CLATSOP COUNTY
503-325-2862
Fax: 503-325-1297
3194 Marine Drive
Astoria, OR 97103

■ COLUMBIA COUNTY
503-366-4100
Fax: 503-397-0796
800 Port Avenue
St. Helens, OR 97051

■ TILLAMOOK COUNTY
503-842-8423
Fax: 503-842-6272
2515 3rd Street
Tillamook, OR 97141

■ WASHINGTON COUNTY
503-614-1428
Fax: 503-614-1440
5825 NE Ray Circle
Hillsboro, OR 97124-6436