

VIRGINIA SCHOOL FOR THE DEAF AND THE BLIND
CONSENT TO RELEASE CONFIDENTIAL INFORMATION (TWO-WAY)

I (print name of consenting person) _____ am
signing this form for (student name) _____.

Relationship to the student: Parent Adult Student Power of Attorney Legal Guardian

Student Date of Birth: _____

By signing this form, I am authorizing the information specified below to be released to/from the Virginia School for the Deaf and the Blind and released to/from with the following agency or individuals:

The following may be disclosed:

- Permanent Files/Cumulative Records
- Medical Health Records (including audiological and visual)
- Individual Psychological reports and data
- Speech Language Records
- Evaluation Team Report
- Individualized Education Plan
- Behavioral Information
- Group and Individual intelligence, achievement, aptitude and interest scores
- Psychiatric reports and data
- Social and family history reports/data
- Educational reports
- Other

It is understood that this information will be kept confidential and will be used in the best interest of the child in question. I am reminded that I have the right to review all records on the student named above. I also have the right to request a hearing to challenge the content and accuracy of these records on the person named above. Information placed in the student file after the date of signature is included. **Unless revoked, this release will remain in effect until one year from the date below.** Consent may be withdrawn at any time by informing, in writing, the Virginia School for the Deaf and the Blind.

Expiration Date: _____

Legal Representative Signature: _____ Date: _____

VSDB Representative: _____ Date: _____

ALL ORIGINAL SIGNATURES SHOULD BE SENT TO THE IEP COORDINATOR.

The Virginia School for the Deaf and the Blind-Staunton does not discriminate on the basis of race, sex, color, national origin, religion, sexual orientation, age, political affiliation, veteran status, or against otherwise qualified persons with disabilities in its programs and activities. The following position has been designated to handle inquiries regarding the Department's non-discrimination policies:

Pat Trice, Superintendent
P. O. Box 2069
Staunton, VA 24402-2069
(540) 332-9000

For further information on Federal non-discrimination regulations, contact the Office for Civil Rights at OCR.DC@ed.gov or call 1(800) 421-3481.

You may also view [Executive Order 6 \(2010\)](#), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. You may obtain additional information at the [Commonwealth of Virginia's official Web site](#) concerning this equal opportunity policy.