

## APH Federal Quota Adult Consent Form

I hereby authorize \_\_\_\_\_ (district or area agency name) to register me on the American Printing House for the Blind (APH) Federal Quota Census by sharing my personally identifiable information as follows: Last Name, First Name, Middle Initial, Date of Birth, District or Area Agency, Grade Placement, Visual Function, Primary, Secondary, and Other Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, \_\_\_\_\_ (print name), whose date of birth is \_\_\_\_\_, identify that I am independent according to Section 152 of the Internal Revenue Code because I am 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 e-mail to [Lynnette.E.Lawrence@doe.nh.gov](mailto:Lynnette.E.Lawrence@doe.nh.gov), NH APH Ex-Officio Trustee.

I am advised that the information obtained will be used for an annual census conducted by the New Hampshire Department of Education, Bureau of Special Education Support in accordance with the APH Federal Quota Program. The APH Federal Quota Program established by the Education Act of the Blind provides resources including specialized materials to individuals who qualify under the APH Count.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*APH is a nonprofit organization for the blind. According to the Federal "Act to Promote the Education of the Blind" all individuals who meet or function at the definition of blindness can receive specialized textbooks and accessible materials through the APH Federal Quota Program.