

## APH Federal Quota Parent/Guardian Consent Form

I/We hereby authorize \_\_\_\_\_ (district or area agency name) to register my/our child on the American Printing House for the Blind (APH) Federal Quota Census by sharing my/our child's 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/We, \_\_\_\_\_ (print name), certify that I/We are the parent(s)/guardian(s) of \_\_\_\_\_ (print child's name), whose date of birth is \_\_\_\_\_ (child's date of birth), and that s/he is under the age of eighteen. I/We understand that this release will remain in effect unless I/We revoke it in writing. I/We further understand that I/We 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/We am advised that the information obtained will be used for an annual census facilitated by the New Hampshire Department of Education, Bureau of Special Education Support in accordance with the APH Federal Quota Census Program. The APH Federal Quota Census Program, established by the Education Act of the Blind, provides resources including specialized materials to individuals who qualify under the APH Federal Quota Census.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

\_\_\_\_\_  
**Parent/Guardian 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.