

Accessible Instructional Materials Library

Tel# (781) 562-0461

3 Randolph Street ~ Canton, Ma. 02021

Fax# (781) 562-0463

Parental Consent to Release Information

Dear _____ Date _____

The Massachusetts Accessible Instructional Materials (AIM) Library provides support to your Local Education Agency (LEA) in acquiring specialized accessible instructional materials for students who are blind and visually impaired. Your child's personally identifiable information may be required to qualify them for the Federal and State funds available for these materials. The information also facilitates local, regional, statewide, and national planning, and service development. This information is released on an annual basis. The Family Educational Rights and Privacy Act (FERPA) requires your consent to release this information. By signing below, it is understood that your LEA will release your child's Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function Level, Primary Language, and their Primary and Secondary Reading Medium, to the Massachusetts AIM Library. It is also understood this information may be forwarded to the Massachusetts Department of Elementary and Secondary Education, the Massachusetts Commission for the Blind, and the American Printing House for the Blind in Louisville, Kentucky. This information is only collected to meet the reporting obligations of the U.S. Department of Education, Office of Special Education Programs, as required by law.

Thank you~ _____
Special Education Administrator or Designee

I, _____ (print name), certify that I am the
parent(s)/guardian(s) of _____ (student's full name),
whose date of birth is _____ (student's complete date of birth), and
State Assigned Student Identification Number (SASID) is _____

Parent Email: _____

Parent Mailing address: _____

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 carrie.brasier@mass.gov

Parent Signature _____

Date _____

*Please return this form to LEA : _____

*Please retain a copy at the LEA and mail Parent Consent Form to:
Accessible Instructional Materials Library
3 Randolph Street, Canton, Ma 02021