



Montana Deaf-Blind Project

Rural Institute
 The University of Montana
 52 Corbin Hall
 Missoula, MT 59812-7056
 406-243-4134

RELEASE OF INFORMATION FORM

You have the right to give permission or *not* give permission for the release of your child's records. The release will allow the Deaf-Blind Project (1) to determine eligibility for services, and (2) to develop appropriate education interventions in collaboration with schools/agencies.

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Cell: _____ Email: _____

I authorize the Montana Deaf-Blind Project to *receive* written and verbal information and to *provide* written and verbal information. I understand that a photocopy of this release is as valid as the original. I understand that this release also grants the right to photocopy any information. I understand that all information obtained will be treated in a confidential manner. I understand that I have the right to withdraw my consent at any time.

This release is effective for the time period in which my son or daughter receives services from the Montana Deaf-Blind Project or until I withdraw my consent.

 Parent/Guardian signature

 Date

RECEIVE INFORMATION	PROVIDE INFORMATION
Please list those schools, agencies and/or individuals that you authorize the DB Project to receive written and verbal information from:	Please list those schools, agencies and/or individuals that you authorize the DB Project to provide written and verbal information to: