

PARENT CONTACT AND RECORDS RELEASE

The staff of the New England Consortium has my permission to contact me directly concerning my child who is deafblind and regarding newsletter mailings, parent workshops, regional meetings, and other communications of general interest to parents and/or advocates and to send your child's name to the local vision/hearing agency. AND, I give my permission or the below named person/agency to release information via phone, mail or fax to the New England Consortium regarding my child's vision, hearing and/or education plan.

***I understand this information is necessary for registration, will remain confidential, and is requested in order to determine eligibility for deafblind technical assistance/consultation services.**

PARENT CONTACT

CHILD NAME: _____ DOB: _____

CURRENT ADDRESS: _____

EMAIL ADDRESS: _____ HOME PHONE: _____

PLEASE PROVIDE BE GREEN FRIENDLY

WORK PHONE: _____ CELL: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EXPIRES IS ONE YEAR

RECORDS RELEASE

I HAVE ATTACHED THE FOLLOWING CURRENT REPORTS:

- Hearing Report (Audiology) **or** Functional **Hearing** Assessment (or Dr's Summary) **AND**
- Vision Report (Ophthalmology) **or** Functional **Vision** Assessment (or Dr's Summary)
- Educational Plan**

I DO NOT HAVE HEARING, VISION AND/OR ED PLAN PLEASE REQUEST RECORDS FROM:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EXPIRES IS ONE YEAR

VISION PERSON ADDRESS	HEARING PERSON ADDRESS	ED PLAN (IEP, IFSP ETC)
NAME	NAME	AGENCY NAME
ADDRESS	ADDRESS	ADDRESS
CITY	CITY	CITY
ST ZIP	ST ZIP	ST ZIP
TEL:	TEL:	TEL:
FAX:	FAX:	FAX:

PROVIDER PLEASE SEND THE MOST RECENT RECORD FOR THE ABOVE NAMED CHILD THAT SHOWS THE CHILDS VISION/HEARING DOCUMENTED LOSS(ES) AND/OR EDUCATIONAL PLAN (IEP,IFSP) TO NEC ASAP:

PLEASE SEND RECORDS TO:

NEW ENGLAND CONSORTIUM
Attn: Project Assistant
175 North Beacon St., Watertown, MA 02472

▲ 617.972.7515 Phone ▲ 617.972.7354 Fax ▲
NEC@Perkins.org www.necdbp.org