



Most Rev. James T. Ruggieri, *President* Jared S. des Rosiers, *Chair* Stephen P. Letourneau, *Chief Executive Officer*
Kirsten Connelly, *Program Director*

In order to register my child with Catholic Charities Maine ESBVIC and the American Printing House for the Blind (APH*), I hereby authorize Catholic Charities Maine, ESBVIC to share my child's personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

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 that s/he is a dependent. 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 Kirsten Connelly kconnelly@ccmaine.org

Parent Signature

Date

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