



Parent Release for Statewide Parent Mailing

I give my permission I do not give my permission

for my name and address to be added to a Statewide Parent Mailing List that will be used to mail out periodic newsletters of information from the Colorado Department of Education's Exceptional Student Services Unit.

I understand that information in the newsletters will include information about (a) conferences; (b) parent groups; (c) education specific issues; (d) local, state, and national resources; (e) student activities; (f) parent activities; and (g) other items pertinent to parents of children with visual impairment. The newsletter is published in English.

I understand that the list will be confidential. It will not be provided to any other agency or persons outside of the Colorado Department of Education.

I understand that I can take my name off of the list at any time by contacting the Colorado Department of Education at (303) 866-6681 or emailing anthony_t@cde.state.co.us

Child's Name: _____

Parent(s) Name(s): _____

Address: _____

Phone Number (optional): _____

Email (optional): _____

Name of Your Child's School District: _____

Signature

Signed By:

Date:

Please mail this form to Tanni Anthony, Colorado Department of Education, Exceptional Student Services Unit, 1560 Broadway, Suite 1175, Denver, Colorado 80202. Or you can give it back to your child's teacher certified in the area of visual impairment. Thank you!



A Shared Vision: Partners in Pediatric Blindness & Visual Impairment
referrals@ASharedVision.org | www.ASharedVision.org