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PERMISSION TO RELEASE INFORMATION

I am the parent/guardian of _____.
I give permission for Project PAVE to release my child's name and findings of his/her evaluation to the Tennessee School for the Blind. I understand that this information will not be used for any purpose other than to keep statistical data, and will be released only to my child's Local Education Agency and/or other agencies upon my request.

Signature of parent _____

Date _____