

**WASHINGTON SCHOOL FOR THE BLIND FOUNDATION**

**CONSENT TO RELEASE INFORMATION**

**To Whom It May Concern:**

I authorize any and all information which may be contained in my records be given to the Washington School for the Blind Foundation, for the purpose of having the Board of Directors make a decision on my application for a grant.

I hereby request release of education records, I.E.P., summary analysis, placement documents, and any other pertinent education or technology information requested by the Washington School for the Blind Foundation.

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Dated: \_\_\_\_\_  
Signature of Student

Dated: \_\_\_\_\_  
Signature of Parent or Legal Guardian