

Oklahoma School for the Blind (OSB)
3300 Gibson Street, Muskogee, OK 74403
(918) 781-8200 or Toll free (in OK): (877) 229-7136
www.osb.k12.ok.us

Permission for Release of Confidential Information

I, _____,

Parent/Guardian of (student): _____

Give my permission for:

Oklahoma School for the Blind (OSB)
3300 Gibson Street
Muskogee, OK 74403
Phone: (918) 781-8200 – Toll Free: (877) 229-7136
Fax: (918) 781-8296

To release to: _____ and/or Obtain from: _____

the following information concerning above listed child:

Psychological Information Educational Information
 Optometrist/Ophthalmologist Reports Medical Information
 Other: _____

The purpose of this information is to facilitate appropriate educational assessments and program planning.

I understand that I may revoke this release at any time with a written notice and it is in effect for 12 months from the date of the signature.

Parent / Guardian Signature

Date