

**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](http://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