



## Youth Low Vision (YLV) Parental or Guardian Consent

The Bureau of Services for Blind Persons (BSBP) will use this form to verify the parental or guardian consent for the below-named student, identified as a minor, and confirm consent to exchange information with the educational agency.

Student Information		
Last Name	First Name	Middle Initial
Telephone	Email	Date of Birth
School Enrolled In		
Teacher Consultant		Telephone
Low Vision Provider		Telephone

BSBP intends to work with you and the student, the educational agency-designated school personnel, and the low-vision provider to deliver the necessary youth low-vision services.

As a parent or guardian, your signature below confirms the following:

1. Permission for the above-indicated student to participate in YLV services.
2. Reciprocal release of information between the educational agency identified on this form and designated personnel, the low vision provider, and the Bureau of Service for Blind Persons (BSBP).

Information that may be released consists of all documents, materials, or other information required to participate in, provide, or result from the delivery of YLV services.

As the parent or guardian of the above-indicated student, I understand what information will be released, the purpose for the release of information, and that statutes and regulations protect the confidentiality of the data. I understand the Administrative Simplification provision Subtitle F of Title II under the Health Insurance



Portability and Accountability Act of 1996 (HIPAA) and in 45 CFR Parts 260 and 262 do not apply to State Vocational Rehabilitation Agencies. I also understand that other laws may prohibit re-disclosure without consent of the student, parent(s), or legal guardian. I know I may revoke the permission in this form at any time by providing BSBP with a signed and dated written notice. The consent shall remain valid as long as the student is eligible to receive BSBP YLV services.

Name (Print)	Date
Signature	Date

Thank you for providing this information.

Complete, Attach, and Return Form:

By Email:           LEO-BSBP-CustomerAssistance@michigan.gov

By Mail:            Bureau of Services for Blind Persons  
702 W. Kalamazoo Street, 1st. Floor  
Lansing, MI 48909

By Fax:             517-335-5160