



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Commission for the Blind  
600 Washington Street, Boston, MA 02111*

CHARLIE BAKER  
Governor

KARYN POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

PAUL SANER  
Commissioner

Tel.: 617-727-5550  
800-392-6450  
TDD: 800-392-6556  
Fax: 617-626-7685  
[www.mass.gov/mcb](http://www.mass.gov/mcb)

Dear Individual/Parent/Guardian,

The purpose of this letter is to inform you that **Massachusetts Commission for the Blind (MCB) and Department of Developmental Services** is in the process of completing the Annual Federal Quota Registration of Blind Students of all ages through the American Printing House (APH) Federal Quota Program. This federally funded program provides textbooks, educational aids, and other learning materials for qualifying students of all ages with visual impairment and blindness.

In order to be included in the Federal Quota program, eligible adult students must be registered in an annual census, requiring the exchange of specific personally identifiable student information (PII). This information is only collected to meet the reporting obligations to the U.S. Department of Education, Office of Special Education Programs, and other entities as required by law. The Family Educational Rights and Privacy Act (FERPA) requires your consent to release personally identifiable information.

The name(s) of you or your dependents will be registered, along with other pertinent information including birthdate, hometown, program town, primary reading medium, and indication of visual function. All PII collected for this registration is confidential and will be protected from unauthorized access or use. Your dependent's PII will not be shared with any other entities or for any other purpose, unless permitted by state or federal law.

The Federal Quota Census Registration is completed under the supervision of the Ex Officio Trustee (EOT) designated to oversee his or her respective APH accounts. It is the responsibility of the EOT to submit accurate information to APH in a secure manner; therefore, the EOT determines the manner in which information is collected and subsequently sent to APH in Louisville, KY. If you have questions or concerns regarding the Annual Federal Quota Registration Process, please contact John Oliveira, EOT, Deputy Commissioner or Adrienne Callaghan White, EOT Assistant, at MCB.

Your written consent is required in order to provide this information to APH. Consent to include your/your dependent's name in the Federal Quota Census allows the **Massachusetts Commission for the Blind and Department of Developmental Services** to obtain products and materials from the APH on your behalf. You may choose not to provide your consent; however, doing so will mean that fewer Quota funds will be provided to Massachusetts.

**Please return completed form via email, fax, or mail: Sandra M. Faulkner, Admin. Assistant, Statewide Vision & Vision Loss Services, DDS, Office: 508-384-5679, Fax: 508-384-6771**  
[Sandra.M.Faulkner@MassMail.State.MA.US](mailto:Sandra.M.Faulkner@MassMail.State.MA.US) Sandra Faulkner WDC, P.O. Box 144, Wrentham, MA 02093.

Thank you,

John Oliveira, Deputy Commissioner, MCB

October 2017



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Commission for the Blind  
 600 Washington Street, Boston, MA 02111

CHARLIE BAKER  
 Governor

KARYN POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

PAUL SANER  
 Commissioner

Tel.: 617-727-5550  
 800-392-6450  
 TDD: 800-392-6556  
 Fax: 617-626-7685  
 www.mass.gov/mcb

## Massachusetts Commission for the Blind Consent to Release Adult Student Information

In order to register and receive orders from the American Printing House for the Blind (APH\*), I hereby authorize the Massachusetts Commission for the Blind to share my or my dependent's personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth hometown, program town, Visual Function, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, \_\_\_\_\_ (print name), certify that I am the individual/parent/guardian (please circle) of \_\_\_\_\_ (adult student's full name), whose date of birth is \_\_\_\_\_ (adult student's complete date of birth), and that s/he is a dependent according to Section 152 of the Internal Revenue Code if s/he is over eighteen years of age. I understand that this release will remain in effect unless I revoke it in writing. I further understand that I can revoke this release at any time by sending an email to [John.Oliveira@state.ma.us](mailto:John.Oliveira@state.ma.us).

\_\_\_\_\_  
 Individual/Parent/Guardian Signature

\_\_\_\_\_  
 Date

\*APH is a nonprofit organization for the blind. According to the Federal "Act to Promote the Education of the Blind", all students who meet the definition of blindness can receive specialized textbooks and accessible materials through the APH Federal Quota Program.

**Please return completed form via email, fax, or mail: Sandra M. Faulkner, Admin. Assistant, Statewide Vision & Vision Loss Services, DDS, Office: 508-384-5679, Fax: 508-384-6771.**

[Sandra.M.Faulkner@MassMail.State.MA.US](mailto:Sandra.M.Faulkner@MassMail.State.MA.US)

**Sandra Faulkner WDC, P.O. Box 144, Wrentham, MA 02093.**