

**Georgia Instructional Materials Center**  
**Consent to Release Student Information**



School districts in Georgia register students that require accessible materials with the Georgia Instructional Materials Center (GIMC). The GIMC is a unit within the Georgia Department of Education which supports districts by producing and acquiring accessible materials in braille, large print, and digital media for students with disabilities. Registration with the GMIC is reciprocal to registration with other organizations from which materials are acquired. These organizations require the exchange of personally identifiable student information. 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 your personally identifiable information.

To register my child with the GIMC, APH, Bookshare, and any future organizations in agreement with the GIMC that provide accessible texts in accordance with copyright laws, I hereby authorize the local school district and Georgia Department of Education to share my child’s personally identifiable information as follows: Last Name, First Name, Middle Name, Date of Birth, School District, Grade Placement, Visual Function Level, Primary Language, Primary and Secondary Reading Medium, and cross reference of siblings also registered (to prevent duplication of registration).

I, \_\_\_\_\_, certify that I am the parent(s)/guardian(s) of \_\_\_\_\_, whose date of birth is, \_\_\_\_\_ and that s/he is a dependent according to the following criteria.

under 19 years of age/a son, daughter, stepson, or stepdaughter;/an eligible foster child/a legally adopted individual or an individual who is lawfully placed for legal adoption/an individual who is placed by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction. 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 ccochran@doe.k12.ga.us.

Parent/Guardian Signature

Date

Sworn and subscribed by me on  
this the \_\_\_\_\_ day of  
20\_\_\_\_

NOTARY PUBLIC, GEORGIA  
My Commission expires: