

I understand that the information I am providing on this form is for recording and reporting purposes.

The information will be used by MN State Services for the Blind and _____ to create statistical reports that will not identify me as an individual. I understand that I am not required to sign this form. By not signing this form, I understand that the community partner visiting me today is unable to leave any low vision aids and devices with me. This information will not be released to anyone other than the above-mentioned parties in any way that will identify me as an individual unless SSB is required to do so by court order or legislative auditor. For any other purpose, I will be asked to sign a separate consent form.

Signature:

Today's
Date:

Printed Name of Customer:

Verbal Consent Obtained by:

Date:

Community Partner Information (replacement items will be sent here)

Name of Organization:

Name of Community Partner:

Email:

Phone Number:

Address:

You can fax or email the form to 651-649-5927 or stacy.shamblott@state.mn.us

Manager or Supervisor's Name: