

Receipt of and Agreement to Terms of Handbook

I have read, understand, and agree to comply with all information set forth in the Society for the Blind Student Handbook. I acknowledge my receipt of the handbook and recognize that I am responsible for the information it contains.

Printed Name: _____

Signature: _____ Date: _____

If the student is under 18 years of age, a parent or guardian signature is required.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

If unable to write his/her name, the student should enter an "X" or other mark. Signatures of 2 witnesses are required.

Witness 1: _____ Date: _____

Witness 2: _____ Date: _____

Please return this completed form to designated Society for the Blind staff.