

17 Baldy Hall, University at Buffalo  
 Dr. Mary McVee, Director

716.645.2470  
 Dr. Ashlee Campbell, Assoc. Director

**APPLICATION FOR SERVICE**

Complete, sign in two places and return to above address

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

Classroom \_\_\_\_\_ Teacher \_\_\_\_\_ Principal \_\_\_\_\_

Resource Teacher \_\_\_\_\_ Reading Teacher \_\_\_\_\_

Reason for Application \_\_\_\_\_

**PERMISSION TO OBTAIN AND TRANSMIT INFORMATION- OPTIONAL**

The Center for Literacy respects every child's and every parent's right to privacy and will not proceed to communicate with others until permission is granted. By signing below, you grant the UB Center for Literacy staff permission to obtain information from school officials, physicians, and other agencies you think we should contact (indicate below). Furthermore, work completed by the Center will be beneficial to your child's classroom instruction, thus your signature grants the Center permission to send a copy of reports to your child's school (and other agencies you indicate).

**Other agencies from whom we might obtain information and to whom we should send information:**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Psychologist \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Name/address of agencies (other than the school) to whom a copy of your child's UB Center for Literacy report should be sent:

\_\_\_\_\_

**Parent Sign Here**

\_\_\_\_\_

Signature of Parent or Legal Guardian

Date

**(CONTINUED ON NEXT PAGE)**

## STATEMENT OF CENTER PROCEDURES

Please sign after reading

In bringing your child to the UB Center for Literacy and signing below, you indicate that you are aware that the Clinic uses supervised graduate students to perform most Center duties, that other students may observe that work, that your child may be videotaped for teaching purposes, and that your child may be included in research related to reading teaching methods. You further realize that all information is confidential and will be released only on receipt of authorization (below) from parents.

### *Tuition and Attendance Policies*

We will not prorate or refund tuition for vacations or time missed. We will only refund tuition for days that CLaRI is expectantly closed or a teacher is not available. It is not possible to reschedule or make up tutoring/evaluation days as CLaRI clinicians participate in the evaluation/tutoring as part of a university course with set days and times. Excessive absences will result in dismissal from the program.

**Parent Sign Here**

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\_\_\_\_\_

Signature of Parent or Legal Guardian

Date