

Florida and Virgin Islands (FAVI)

Deaf-Blind Collaborative

PLEASE PROVIDE #ykk-Vu CONTACT AND LOCATION INFORMATION

Fax this form to

Student's name: _____ Date of Birth: _____

STUDENT HAS EXITED (circle) graduated, moved, withdrawn, new placement

- Graduated with a standard diploma (date) _____.
- Received a special diploma and is continuing his/her special education program at another location(date) _____:

Contact / location information

- Received a special diploma and is no longer receiving special education services (date) _____:

Contact / location information

- Deceased (date) _____.

- Receiving special education services in another district or private location:

New district/location name

Contact / location information