



American Printing House  
for the Blind, Inc.

SPECIAL EDUCATION SERVICE AGENCY  
ANNUAL REGISTRATION OF VISUALLY IMPAIRED STUDENTS

**AGENCY/DISTRICT ADVISEMENT OF ZERO REGISTRATION**

ATTN: Anne Freitag, Ex-Officio Trustee-Alaska

FROM: \_\_\_\_\_  
Name of School District/Agency

DATE: \_\_\_\_\_

Please be informed our school district/agency does not have any visually impaired students enrolled at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**Please return this completed form to:  
Special Education Service Agency 3501 Denali St. Ste. 101 Anchorage, AK 99503  
Or  
Fax: (907) 561-2569**