



Permission for Hearing Evaluation

I give permission for my child, _____ to have a complete hearing evaluation at his/her school/preschool to be performed by an audiologist from Arkansas Children's Hospital who is contracting with our school district/early childhood program. There will be no charge to a student or family for this evaluation. Results of the evaluation will be sent home after the testing is completed.

Print Name (Parent or Guardian)

Signature (Parent or Guardian)

Date

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 123g; 34 CFR Part 99)

I, _____, give permission for my child, _____'s
(Parent/Guardian Name) *(First and Last Name)*

personally identifiable information/student education records to be disclosed to a Third Party Billing Agent for the purpose of billing Medicaid and/or private insurance.

Print Name (Parent or Guardian)

Signature (Parent or Guardian)

Date

Name of School District or Preschool Program: _____

Date sent home to parent: _____

Who should the parent contact if they have questions about this release?