

Local Education Agency

Parental Consent to Release Personally Identifiable Information

(6th & 8th Grade only)

Student Name: _____

Date of Birth: _____ **Medicaid Number:** _____

With parental consent, the school district can seek Federal Medicaid reimbursement for the cost of health services the school district provides to children who are eligible for Medicaid. In order to see the Federal Medicaid funds for reimbursement, permission is needed to release personally identifiable information/student education records (Hearing and Vision Screenings, Evaluations/Therapy) to Medicaid and the Medicaid Billing Agent for the purpose of billing Medicaid.

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

Parent or Guardian Signature

Date