

**Family Education Rights & Privacy Act
Educational Records Release Form for Hearing/Vision Screening**

The FCS District performs vision and hearing screenings on Kg, 1st, 2nd, 4th, 6th, 8th grades, transfer students and students being referred or reevaluated for IDEA or 504 purposes each year as required by Arkansas law. You are notified if your child does not pass the screening. By providing the requested information below, the District may be reimbursed by Medicaid/AR Kids.

Your consideration and response is appreciated. Please return the completed form to your child's school.

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

I, _____ (Parent/Guardian Name), give permission for my child, _____'s (First and Last Name) printed personally identifiable information/student education record/vision and hearing screening results to be disclosed to a third party for the purpose of billing /auditing Medicaid/AR Kids for reimbursement for vision and hearing screening.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

Child's Full Name _____ **Grade** _____

School _____

Office Use Only

Schools please return this form to the Special Education Office