

Lake Hamilton School District  
Percy, Arkansas 71964

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.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed