

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