

Greenbrier Public Schools
4 School Drive
Greenbrier, AR 72058

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
(First and Last Name)

personally identifiable information/student education records to be disclosed to a Third Party Billing agent.

This permission will be used only for the purpose of billing Medicaid for vision/hearing screenings.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date Signed

Please sign and date this form, and return it to school with your child.

If you have any questions or concerns, please contact Kim DeCorte, Special Services Director, at 501.679.1057.