

SPECIAL NEEDS WAIVER of REFERRAL INFORMATION

I, (print name) _____,

decline information about sources for hearing screening, vision screening,

and/or learning diagnosis

offered by (name of program) _____

on (date) _____.

Signature of Student/Parent or Guardian*

Date

Signature of Program Representative

Date

***Students under the age of 18 must have this consent form signed by the student's parent or guardian.**