



Northern Lights Special Education Cooperative

www.nlsec.org

16 East Hwy 61; PO Box 40 ~ Esko, MN 55733

Phone (218) 655-5018 ~ Fax (218) 451-4511

PARENT PERMISSION FOR HEARING SCREENING

DATE: _____

I give the Northern Lights Special Education Cooperative Staff permission to screen, observe, or make audiological referrals for my child,

Parent Signature: _____

(Address)

(Telephone)