

# Fax Transmittal



**GUIDE BY  
YOUR SIDE™**  
ARIZONA HANDS & VOICES

## Fax

Arizona Hands & Voices  
Guide By Your Side  
P.O. Box 64019  
Tucson, AZ 85728  
(520) 331-3125  
1-866-685-1050

TO: Arizona Hands & Voices-Guide By Your Side

Fax Number: 1-520-843-2070

Date: \_\_\_\_\_

From: agency/clinic/school  
\_\_\_\_\_

Name: \_\_\_\_\_ (of person sending the FAX)

Phone: \_\_\_\_\_ (if there is a problem with reading the FAX)

Regarding: Referral to GBYS

I give my consent, as the parent/guardian of the minor child, for \_\_\_\_\_  
\_\_\_\_\_ to share the information that I have indicated below with  
Arizona Hands & Voices-Guide By Your Side. The purpose of this exchange  
of information is **to help make sure that my child and family get services  
as quickly as possible.**

Child's name	Date of Birth
Birth Hospital or name of school	
Mother's Name	
Address	

Home Phone	Cell Phone	Alternative phone

I am providing my consent voluntarily and I understand the information on this form. Information shared with Arizona Hands & Voices-Guide By Your Side shall not be disclosed to anyone else without written consent of the parent/guardian.

Print Parent/Guardian Name	
Signature	Date