

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/

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	
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