GRANBURY INDEPENDENT SCHOOL DISTRICT

GENERAL EDUCATION HOMEBOUND (GEH) – REQUEST FOR MEDICAL INFORMATION

NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

STUDENT NAME: _____ **DOB:** _____

We are asking that you authorize the person or agency named below to release/to request specific records containing confidential information regarding the above-named student.

Granbury Independent School District	
NAME OF AGENCY MAKING REQUEST	*PERSON/AGENCY TO WHOM REQUEST IS MADE
ADDRESS:	ADDRESS:
Granbury, Texas 76048	
FAX NUMBER: **817-**	FAX NUMBER:

	*PURPOSE OF DISCLOSURE
☐ **Medical Information as related to General Education Homebound service**	☐ **Determination of educational needs** ☐ **Other**

Please check (√) the appropriate box below:

☐ YES ☐ NO **I have been fully informed and understand the school's request for my consent for the release of medical information.**

Date given/mailed: _____ **To:**_____

NAME

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18 YEARS OF AGE) _____ DATE _____

Please return this form to: _____ **at** _____ **as soon as possible.**

SCHOOL STAFF PERSON SCHOOL