



FORT BEND INDEPENDENT SCHOOL DISTRICT
Consent to Request Confidential Information

Date: _____

Student's Name: _____ DOB: _____ School: _____

We are asking that you authorize the physician named below to release specified records containing confidential information regarding the above-named student to the Fort Bend ISD regarding Homebound Services and to allow Fort Bend ISD to share necessary information with this physician.

Name of Physician's Office

Address

Phone Fax

Table with 2 columns: Records Requested, Purpose of Disclosure. Row 1: Medical Records/Information, Medical Information Regarding Need for Homebound Services (educational purposes)

Please check the appropriate boxes below.

[] Yes [] No I have been fully informed and understand the school's request for my consent. This information will be released/requested upon receipt of my written consent.

[] Yes [] No I understand that my consent is voluntary and may be revoked anytime.

Signature of Parent, Guardian or Adult Student

Date

Signature of Interpreter, if Used

Date

Return to: Homebound Department ♦ Fort Bend ISD, 138 Avenue F, Sugar Land, Texas 77478
Email: FBISD.Homebound@fortbendisd.com ♦ Phone (281) 634-1250 ♦ Fax (281) 327-1250