



**DEPARTMENT OF EDUCATION  
STUDENT SUPPORT SERVICES DIVISION**

501 Mariner Avenue  
Barrigada, Guam 96913  
Telephone: (671) 300-1623/1624



**Form D: Behavioral Health Service Declination**

Student Name:	
Date of Birth:	
Student ID #:	
School Name:	

I, \_\_\_\_\_ have been informed that my child was recommended for  
(Name of Parent/Guardian)

Behavioral Health Service at Guam Department of Education. At this time, I willingly have decided to refuse/decline service for child.

**Date of Declination:** \_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Legal Guardian Name (Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*SBBH Provider Name & Signature*

\_\_\_\_\_  
*Date*