SMS/MMS TEXT MESSAGING OPT-OUT

REVOCATION FORM

Purpose

The Jefferson County Board of Developmental Disabilities offers optional text messaging to assist with communication between Service and Support Administrators (SSA), staff, providers, individuals served, and their parents/guardians.

This form allows individuals served, parents, or guardians to withdraw consent to receive text messages from the **Jefferson County Board of Developmental Disabilities**.

Request to Stop Text Messages

I request that the **Jefferson County Board of Developmental Disabilities** stop sending text messages to the mobile phone number listed below and/or service and support team members for purposes related to service coordination and case management. I understand that:

- After this request is processed, the Board will no longer send text messages to this number or to service and support team members phone numbers.
- Communication may continue through other methods such as phone calls, email, or mail.
- I may request to opt back into text messaging at a later time by completing a new consent form.

Contact Information

Individual Name: _____

Parent/Guardian Name (if applicable): _____

Mobile Phone Number: _____

Request

☐ I withdraw my consent and request to stop receiving text messages.

☐ I withdraw my consent and request to stop text messages between SSA and service and support team members.

Signature: _____

Date: _____