

TEXAS DEPARTMENT OF CRIMINAL JUSTICE-INSTITUTIONAL DIVISION-HEALTH SERVICES
RETRACTION OF TISSUE AND ORGAN DONOR STATUS

I, _____, TDCJ-ID Number: _____ no longer desire to be a tissue and organ donor. Please remove the previously signed tissue and organ donation card from my health record.

I understand that not being a tissue and organ donor will not interfere with the access to or quality of health care I receive. I also understand that I may reinstate my tissue and organ donor status by submitting a request to Medical Records on my current facility to sign a new Tissue and Organ Donor card.

Signature of Inmate/TDCJ –ID #

Date

Signature and Title of Witness

Date