



WAIVER OF CONFIDENTIALITY – ADULT ADOPTEE

Adoptee's Name:	
Date of Birth:	
Adoptive Parents' Names:	

It is my intention and desire to (check all that apply):

- Acquire non-identifying information from my adoption file
- Seek contact with my birth parent(s)
- Seek contact with any other birth relatives

I hereby (check one):

- Consent
- Do not consent

to the release of my current name, address, phone number and email address by Family & Community Services, Inc. Foster Care & Adoption Services to my birth parent(s), or to my birth parent's agent, guardian, or next of kin, whatever may be the case. Please indicate any restrictions:

My Address:			
My Phone #:	(primary)	Leave message?	Yes No
	(cell)	Leave message?	Yes No
My Email Address:			

I agree to keep F&CS Foster Care & Adoption Services informed of any address, phone number or email changes, as long as the search case is active. I understand that I may withdraw this waiver at any time upon written notice to F&CS Foster Care & Adoption Services.

(Signature)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

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Fax: 586-726-2599

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Phone: 517-615-1275
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Monroe, MI 48161
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