

WAIVER OF CONFIDENTIALITY – ADOPTIVE PARENTS

Adoptee's Name:		
Date of Birth:		
It is my/our intention and desire to (check all that apply): Acquire non-identifying information from my/our child's adoption file Seek contact with my/our child's birth parent(s) Seek contact with any other of my/our child's birth relatives		
I/We hereby (check one): Consent Do not consent to the release of my/our child's current name, address, phone number and email address by Family & Community Services, Inc. Foster Care & Adoption Services to my/our child's birth parent(s), or to my/our child's birth parent's agent, guardian, or next of kin, whatever may be the case. Please indicate any restrictions:		
My/Our Address:		
My/Our Phone #:	(primary)	Leave message? Yes No
	(cell)	Leave message? Yes No
Email Address:		
I/We 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/We understand that I/we may withdraw this waiver at any time upon written notice to F&CS Foster Care & Adoption Services.		
(Adoptive Father's Signature)		(Adoptive Mother's Signature)
Sworn to and subscribed before me thisday of, 20		
		Notary Public

Michigan Office

42140 Van Dyke – Suite 110 Sterling Heights, MI 48314 Phone: 586-726-2988

Fax: 586-726-2599

Livingston Office

3075 E. Grand River - Suite 116 Howell, MI 48843

Phone: 517-615-1275 Fax: 517-618-0283

Monroe Office

754 S. Monroe Monroe, MI 48161 Phone: 734-344-6606 Fax: 734-344-6601

Ohio Office

143 Gougler Avenue Kent, OH 44240 Phone: 330-296-2757

Fax: 330-296-2859