

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 this _____ day of _____, 20_____.

_____ Notary Public