



**Release of Information for Adoption**

I \_\_\_\_\_, hereby authorize Jewish Family Service  
(Please print your name)

to release information to \_\_\_\_\_  
(Child placing agency/attorney – please print)

\_\_\_\_\_  
(Street, City, State, Zip - please print)

- Adoption Home Study Report
- Other

\_\_\_\_\_  
\_\_\_\_\_

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This release is valid for one (1) year and must be renewed after that time. I may also cancel this release in writing at any time.

\_\_\_\_\_  
Prospective Adoptive Parent (1) Signature Date

\_\_\_\_\_  
Prospective Adoptive Parent (2) Signature Date

**Witnessed by/Interpreted by:**

\_\_\_\_\_  
Your Name Printed Signature Date