ADOPTEE AUTHORIZATION to RELEASE INFORMATION and REQUEST CONTACT FORM

This form is provided as a sample that may be adapted for use by the courts and the agencies.
Completing this form is voluntary, however we encourage you to provide as much information as you can. You may choose to release information that will identify you to your birth parents or other family members. Please type or print in black or blue ink. If you don't know or are unsure about an answer, leave it blank.

Please check the appropriate choice below:
☐ I am providing information for the first time. ☐ I am updating information previously submitted.

Please check the appropriate choice. I am an ☐ **Adoptee at least 18**
☐ **Adoptive parent of an adoptee under 18**

I. ADOPTEE'S INFORMATION

ADOPTEE'S CURRENT NAME (Last, First, Middle)	ADOPTEE'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)

DATE OF BIRTH (MM/DD/YYYY)		GENDER	☐ MALE ☐ FEMALE

PLACE OF BIRTH	COUNTY	CITY / MUNICIPALITY	STATE	HOSPITAL (if known)

LOCATION WHERE ADOPTION WAS FINALIZED (City/County, State)	DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish.
I agree to release **identifying** information to the individuals checked below:

- ☐ My birth parent, provided I am at least 21
- ☐ Parent of my birth parent if I am at least 21, if my birth parent consents or is incapacitated or deceased
  My birth sibling if we are both 21 and (check one)
  - ☐ My sibling remained with the birth parent and has consent of the birth parent, unless incapacitated or deceased
  - ☐ My sibling and I were both adopted out of the same birth family
  - ☐ My sibling was not adopted out of the same birth family but did not remain with the birth parent
- ☐ My descendants

Even if you choose to release identifying information to your birth family, you may specify that you do or do not wish **contact**.
☐ I wish to have contact with my birth family. ☐ I do not wish to have contact with my birth family.

I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form or submitting the withdrawal form.

Signature of adoptee (if at least 18) or adoptive parent for adoptee under 18		Date	