

WITHDRAWAL of AUTHORIZATION TO RELEASE INFORMATION and CONTACT REQUEST

This form is provided as a sample that may be adapted for use by the courts and the agencies.

Instructions;

You may choose to withdraw your authorization at any time to release identifying information and/or your request to have contact with specific individuals at any time. Please provide as much information as you know. Type or print in black or blue ink.

Please check the appropriate choice:

I am one of the following:

Adoptee at least 18

Birth Parent

Adoptive Parent of an adoptee under 18 or one who is adjudicated incapacitated or deceased

I. ADOPTEE'S INFORMATION

CURRENT NAME (Last, First, Middle)			CHILD'S NAME as RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)				GENDER <input type="checkbox"/> MALE <input type="checkbox"/> 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)		

II. BIRTH PARENT'S INFORMATION

BIRTH PARENT'S NAME (Last, First, Middle)			PREVIOUS NAMES Include Maiden Name, Nickname, Aliases (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE			
		()			
STREET ADDRESS		CITY	STATE	ZIP	

III. ADOPTIVE PARENT'S INFORMATION

Adoptive parent may submit a withdrawal of a previous authorization for the release of information for their child who is under 18 or one who was legally declared adjudicated incapacitated or who is deceased.

ADOPTIVE PARENT'S NAME (Last, First, Middle)			MAIDEN NAME (if applicable)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE			
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STREET ADDRESS		CITY	STATE	ZIP	

WITHDRAWAL OF CONSENT TO RELEASE INFORMATION and/or CONTACT REQUEST

I hereby withdraw my authorization to release information and/or consent for contact:

Identifying Information Contact

Identifying information includes names and **contact** information.

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code).

Signature		Date	
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