

Adoption Agency Background Check Consent

I, the undersigned, hereby authorize the adoption agency to conduct a background check as part of the adoption application process. I understand that this may include but is not limited to a review of criminal records, child abuse registry, and other relevant background information.

Applicant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Consent

I acknowledge that the information obtained will be used solely for the purposes of evaluating my eligibility to adopt. I release the adoption agency and any individuals or entities providing information from any liability relating to the background check process.

Signature:

Date: