

# Paternity Test DNA Sample Release Form

Full Name of Individual Releasing DNA Sample:

Date of Birth:

Address:

Phone Number:

Name of Individual To Receive Results:

Relationship to Test Subject:

I, the undersigned, authorize the release of my DNA sample and the results of the paternity test to the above individual. I am giving this consent voluntarily and understand its implications.

Signature:

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Date:

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Additional Comments (if any):