

Adoption Home Study Information Release Form

I/We, the undersigned, hereby authorize the relevant parties to release information contained in my/our home study for the purposes of facilitating the adoption process.

Applicant Name

Co-Applicant Name

Address

Information to be released to

Purpose of release

Specific Information to be Released

I/We understand that this consent is voluntary and may be revoked at any time by notifying the agency/individual listed above in writing.

Applicant Signature

Date

Co-Applicant Signature

Date

