CONSENT TO RELEASE INFORMATION FROM A BIRTH RELATIVE OR ADOPTIVE FAMILY MEMBER

If any of the requested information is unknown, please print "Unknown" in the appropriate space.

I, _____, _____,
(Current Name) (Social Security Number)

am the _____ of _____,
(Relationship to Adoptee) (Name of Adoptee)

who was born on _____ in_____.
(Date of Birth) (Place of Birth)

If a birth parent, my name at the time of the adoptee's birth was _____.

This child's adoption was initiated or finalized in the State of Maryland, and the petition was filed by (check one):

○ A Local Department of Social Services in _____ (County/City)

○ A Private Child Placement Agency *(name)* _____ or

○ An Independent Agent *(attorney's name)* _____

Pursuant to the Code of Maryland Regulations (COMAR) 07.02.13.01 – 09, I hereby give permission, or refuse to give permission, to the Department of Human Services/Social Services Administration (DHS/SSA), and/or the private child placement agency to do the following concerning the adoptee **(print "Yes" by the actions you want to occur, and "No" by the actions you do not want to occur):**

_____ Release my updated medical information

_____ Release my name and address

_____ Release my telephone number

_____ Release my email address

_____ Facilitate written contact

_____ Facilitate telephone contact

_____ Facilitate a reunion

I will notify DHS/SSA of any change of name and/or address. In the event that I forget to notify the Department of these changes, I am providing the name, address and telephone number of a close friend or relative who will know how I can be contacted:

_____
(Name, Address, Telephone Number)

I understand that I may withdraw my consent to release identifying information in writing at any time.

_____
SIGNATURE DATE

_____
ADDRESS

_____
HOME PHONE NUMBER WORK PHONE NUMBER

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Notary Public: _____ Date: _____