



Adoption Search, Contact and Reunion Services
CONSENT/NON-CONSENT TO RELEASE INFORMATION FROM AN
ADOPTIVE PARENT OR ADOPTIVE FAMILY MEMBER

I, Name: _____, Social Security Number: _____ am the Specify
Relationship to Adoptee: _____, who was born on _____ in Place of Birth:
_____.

This child's adoption was initiated and/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) Title 07.02.13.01 - .09, I hereby give
permission or refuse to give permission to the Department of Human Resources/Social Services
Administration (DHR/SSA) and/or the private child placement agency to do the following concerning the
adoptee: (Select the actions you want to occur and leave the actions you do not want to occur blank.)

- Release 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 in which I agree to participate

I will notify DHR/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:

Specify Name, Address, Telephone Number of Friend or Relative:

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: _____

Notary Public Signature: _____ Date: _____