

CONSENT TO RELEASE INFORMATION FORM FOR MINOR IN OUT-OF-HOME PLACEMENT

I, _____, am over 16 years old and in out-
(Current Name) (Date of Birth)

of-home placement or I, _____,
(Name) (Title)

am the representative of who is _____
(Name of Minor)

under the age of 16 and in out-of-home placement.

The Local Department has determined that reunification with the minor’s adoptive parents is not in the minor’s best interests, and it seeks to contact relatives of the minor to develop a placement resource or to facilitate a family connection with the relatives in accordance with Family Law § 5-4B-02

Pursuant to the Code of Maryland Regulations (COMAR) 07.02.13.01 through 07.02.13.09, I give permission to the Department of Human Services/Social Services Administration (DHS/SSA) to facilitate a family connection with my (or the minor’s) birth parents, birth siblings, or other birth relatives within five degrees of consanguinity (including: great-great grandparents, great-grandparents, grandparents, great-grand uncles/aunts, great uncles/aunts, uncles/aunts, first cousins once removed, first cousins, adult brother/sister, adult nephews/nieces).

To achieve this purpose, the Confidential Intermediary may:

- Release the minor’s name
- Facilitate written contact
- Facilitate telephone contact
- Facilitate a reunion

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

MINOR’S SIGNATURE (if over the age of 16)

DATE

PARENT/CHILD’S ATTORNEY/GUARDIAN’S SIGNATURE

DATE