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

I, ____________________________, am over 16 years old and in out-of-home placement or I, ____________________________, am the representative of ____________________________, who is 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