CONSENT TO RELEASE INFORMATION FROM A COMMITTED YOUTH

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, to contact relatives of the minor to develop a placement resource or facilitate a family connection with the relatives. (Family Law-Chapter 86)

Pursuant to the Code of Maryland Regulations (COMAR) Title 07.02.13.01 through 07.02.13.09, I give permission to the Department of Human Resources/Social Services Administration (DHR/SSA) to do the following concerning my birth parent(s), 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): (Check all that apply)

___ Release my 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/GUARDIAN/ATTORNEY’S SIGNATURE DATE

DHR/SSA 2090 (07/15)