

CONSENT TO RELEASE INFORMATION FROM AN ADULT ADOPTEE

I, _____, _____, am an adoptee who is at least 21 years old.
(Current Name) (Social Security Number)

My adoption was initiated and/or finalized in the State of Maryland, and the petition was filed by (check one if known):

- 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), or a private child placement agency, to do the following concerning my birth parents, birth siblings who has also been adopted, or in the event that my birth parent is deceased, birth relatives, including grandparents, adult brothers and sisters, aunts and adult uncles **(print “Yes” by the actions you want to occur, and “No” by the actions you do not want to occur)**:

- | | |
|--|---|
| <input type="checkbox"/> Release updated medical information | <input type="checkbox"/> Facilitate written contact |
| <input type="checkbox"/> Release my name and address | <input type="checkbox"/> Facilitate telephone contact |
| <input type="checkbox"/> Release my telephone number | <input type="checkbox"/> Facilitate a reunion |
| <input type="checkbox"/> Release my email address | |

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: _____