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CONSENT TO RELEASE/ EXCHANGE INFORMATION

I understand that in order to assess, plan, and provide services for my family, it may be necessary to share information with other persons or agencies. By signing this form, I am allowing the Center for Adoption Support and Education, Inc. to release or exchange information with the listed person/agency.

I, _____
(Relationship to participant)

residing at _____
(Street Address) (City) (State) (Zip)

consent for the Center for Adoption Support and Education to

_____ Exchange information ____ Release information regarding: _____
(Name/Participant)

with _____
(Person) (Telephone Number)

(Organization Name, if applicable) (Street Address) (City) (State) (Zip)

I want this information to be exchanged for the following purposes:

This consent is good until 30 days after discharge from the program.

I can withdraw this consent at any time by notifying the Center for Adoption Support and Education in writing. This will stop the listed person/organization from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared.

I want the above person/organization to accept a copy of this form as a valid consent to share information.

Participant/ Parent/ Guardian Signature Date Witness' Signature Date

Printed Name of Participant/ Parent/ Guardian Printed Name of Witness