



AUTHORIZATION FOR EXCHANGE OF INFORMATION

Please fill out this form with the name and address of the agency or professional you are using to assist in your adoption, authorizing Adopt International **to exchange** any information concerning you or your child(ren) solely for the purpose of adoption.

Name of Agency: _____

Contact person name: _____

Address: _____

Phone: (_____) _____

Email: _____

I/We, _____, request the following information:

- ☐ Adoption Home Study
- ☐ Adoptive Parent Prep
- ☐ Home Study Required Documents
- ☐ Complete Dossier
- ☐ Criminal and Child Abuse Clearance
- ☐ Post Placement
- ☐ Other: _____

To be shared with:

***Adopt International & Domestic Services
1000 Brannan Street, Suite 301
San Francisco, CA 94103***

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

*This form is in effect for one year from the date signed.
Consent may be withdrawn at any time.*