



A Licensed Child Welfare Organization

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Release of Information

I/we, _____ and _____, give my/our consent to release all information, written or verbal, to and from the following persons or agencies:

Table with 1 column and 8 rows. Header: Agency/Person. Rows: Resident School District (name):, Doctor/Health Provider (name):, Dept. of Human Services:, Mental Health Provider:, Other:, Other:, Other:

and staff and/or contractors of Adoption Option Inc., PO Box 2225, Midland MI 48641-2225.

Name - Printed

Date

Signature

Name - Printed

Date

Signature

A Child Reached is A Child Saved...

