



National Authority for Child Care POST LEGAL ADOPTION SERVICES	Doc. Code	NACC-PLAS-F-2022-003
	Revision No.	0

AUTHORIZATION FOR RELEASE OF INFORMATION

Please provide the following information, if known:

Name of Adopted Person: _____

Date of Birth: _____

Name of Birth Mother: _____

Date of Birth: _____

Name of Birth Father: _____

Date of Birth: _____

I authorize NACC to release my identifying information indicated as follows to the person of my choice: *(Only write the information to be released. Lines can be left blank or write N/A)*

My Name: _____

Telephone number(s): _____

Email(s): _____

Address: _____

Check the applicable box below to identify who the above information can be released to. (Please select one)

<i>If you are the Adoptee or Adoptive Parents, select here:</i>
<input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Birth Sibling (18 or older) <input type="checkbox"/> Relative of Deceased Birth Parent <input type="checkbox"/> All Eligible Relatives <input type="checkbox"/> None of the Above

<i>If you are the Birth Parent/s or Birth Family, select here:</i>
<input type="checkbox"/> Adoptive Parents, until Adopted Person is 18 years old <input type="checkbox"/> Adopted Person, age 18 years or older <input type="checkbox"/> Descendants Adopted Person <input type="checkbox"/> All Eligible Relatives <input type="checkbox"/> None of the Above


I understand that in order to add, revoke or update any of the above information on this form, it is my responsibility to complete and return a new Authorization for Release of Information to NACC.

Name (print) & Signature:

Date accomplished:

CONTROLLED COPY

NACC

 DEC 20 2023