



ADOPTION AGENCY AUTHORIZATION FOR RELEASE OF INFORMATION

We, _____, give permission to Greater Hopes, Inc. and its agents to **share, give, and receive** all information regarding our case with any and all direct and indirect services, agents/ agencies, courts, therapists, counselors, advocates, and all other case related professionals.

We specifically authorize Greater Hopes and _____ to exchange information for the purpose of case management regarding our adoption application with Greater Hopes.

Specifically we request of _____ to release any Adoptive Family Evaluations updates, addendums and amendments, Initial Evaluations performed under R400.12310, all Reevaluations performed under R 400.12324, and any Special Evaluations conducted under R400.12327. We also request documentation that we attended required training if not noted in our Initial Evaluation.

This request is necessary for Greater Hopes to conduct its assessment under child placing agency **rule R400.12605(3)(a)(xii)**.

This authorization expires upon written request.

We have made or kept a copy for our records.

Signature: _____ Date: _____

Signature: _____ Date: _____