



GREATER HOPES

a belonging place

2453 28th Street SW

Wyoming, MI 49519

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greaterhopes.org

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

Michigan Adoption Code, MCL 710.21-710.70

I, hereby authorize my prior employer, to release any and all information relating to my employment with them to Greater Hopes, Inc.

This information is to be supplied because I wish to adopt a child and I have requested that a report of investigation be completed concerning me for this purpose. The report of investigation is necessary to ensure that an adopted child's best interests are served.

I further release and hold harmless my former employer from any and all liability that may potentially result from the release and/or use of such information.

I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in my case, and that neither I nor anyone else not so involved will have the right to see the information.

This release of information covers my employment record in general, including information on the following questions:

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| 1. Dates of employment | 6. My attitude toward work (cooperative? positive? etc.) |
| 2. Position(s) held | 7. Reason for leaving and eligibility for rehire |
| 3. The quality and quantity of my work | 8. Strong and weak points |
| 4. My attendance habits (excluding workers' compensation, pregnancy, disability, and protected absences) | 9. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc. |
| 5. My relationship with co-workers and supervisors | 10. My personnel file/content |

I acknowledge and represent that I am over the age of 18, have read this entire document that I understand its terms and provisions, and that I have signed it knowingly and voluntarily.

Printed Name: _____

Date of Birth: _____

Signature: _____

Date: _____

A Child Placing Agency Licensed by the State of Michigan
Department of Health and Human Services
Division of Child Welfare Licensing
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