



GREATER HOPES

a belonging place

2453 28th Street SW

Wyoming, MI 49519

(616) 451-0245

greaterhopes.org

GENERAL 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.

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: _____

A Child Placing Agency Licensed by the State of Michigan
Department of Health and Human Services
Division of Child Welfare Licensing
License CB410252631