



## Authorization for the Release of Information

I/We, hereby authorize Adoption Horizons, 10 West 7<sup>th</sup> Street, Ste. F. Eureka, CA 95501 to request personal information regarding the following person(s) for the following reason(s). By checking the box below, I am/we are authorizing and limiting the type of information to be requested by Adoption Horizons.

\_\_\_\_\_  
Name of Person Relationship:  Self  Child

\_\_\_\_\_  
Name of Person Relationship:  Self  Child

\_\_\_\_\_  
Name of Person Relationship:  Self  Child

- School Report**     **Psychological Report**     **Medical Report**     **Prior Homestudy**

Information will be requested from the following person/organization:

Name : \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Adoption Horizons promises in this agreement to only request the above information. If Adoption Horizons requires further information you will be required to sign a new release of information. Adoption Horizons agrees to use the above information exclusively for the adoption process and will not release it to other entities or organizations.

I/We have read and understood the above release and agree to its conditional use and application for the adoption process.

\_\_\_\_\_  
Prospective Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Parent

\_\_\_\_\_  
Date