



A Center for Adoption Services

206.954.5253

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www.DruGroves.org

Release of Information

I AUTHORIZE Dru Martin Groves and A Center for Adoption Services to share information about my case with the individuals or agencies indicated below:

- Other adoption agencies and attorneys
- My physician, medical staff or hospital social worker
- Other -- Please state:

This consent is valid for 24 months.

I have reviewed this document in full and understand its intent. I understand that this information is voluntary. I understand that my consent may be withdrawn at any time with written notification.

Signature of Adoptive Applicant

Printed Legal Name of Adoptive Applicant

Date

Signature of Adoptive Applicant

Printed Legal Name of Adoptive Applicant

Date