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### RELEASE OF INFORMATION

We (I) give permission to Adoptions & Family Support Network, Inc. to release and receive relevant information to/from only the professionals associated with my case. This includes a completed home study report and some supporting documentation that we (I) submitted as part of the home study requirements. These professionals/agencies may include, but are not limited to, home study workers, doctors, lawyers, background checks agencies and other adoption agencies we are (I am) working with. We (I) understand that such contact may be necessary between multiple parties to facilitate my adoption.

In addition to this agency, we are (I am) working with other adoption agencies and/or attorneys including (list of names):

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\_\_\_\_\_  
Adoptive Parent                      Date

\_\_\_\_\_  
Adoptive Parent                      Date