AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

We/I hereby authorize you to release any documented interaction with your department to Access Foster Care & Adoption. I understand that this may include but is not limited to: any suspected criminal conduct/activity, arrests, police reports, protection from abuse/restraining orders - information regarding disturbance of the peace or public safety, and any other reported matters which involved your police department.

Signature of Primary_____

Signature of Secondary_____

Signature of Adult Household Member_____

_____

Signature of Adult Household Member

Witnessed _____

Administrator Use Only
Local Township Police Department:

_____

_____

_____

Applicant(s)/Household Members:

See Attached Foster/Host Family Data Form