AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

We/I hereby authorize you to release all information documented by your agency or agency staff regarding my performance and/or concerns brought to your attention while I served your agency as a foster/host family care provider to Access Foster Care & Adoption.

Primary (print)_____

(sign)_____

Secondary (print)_____

(sign)_____

Witnessed_____

Prior Foster/Host Family Care Agencies:

Agency 1 Name:_____

City/State:_____

Contact Name & Phone:_____

Dates of Service:_____

Agency 2 Name:_____

City/State:_____

Contact Name & Phone:_____

Dates of Service:_____