

HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



Consent for Disclosure of Confidential Information

Name of client(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____

I/We hereby authorize Heart and Soul Adoptions, Inc., to release information, home studies, BCI's and all other documents requested for adopting a child. We also authorize Heart and Soul Adoptions, Inc., to receive confidential material to better enable the adoption process.

I/We understand this release and by signing we give, Heart and Soul Adoptions, Inc., an Adoption Agency, the right to disclose confidential information.

Adoptive Mother _____ Date _____

Adoptive Father _____ Date _____