

ADULT&child Center, Inc.
RELEASE OF INFORMATION

I hereby authorize ADULT&child Center, Inc. to give information to and/or receive information from the listed person(s) or organization(s) below. I understand that either ADULT&child Center, Inc. or myself may revoke this release at any time by written acknowledgement.

- Diagnostic and assessment information, including psychological evaluations, psychiatric evaluations and medical history/information.
- Personal references.
- Criminal background information.
- Child protective service history information.
- Other: _____

This Release will automatically expire two years from the date of signature indicated below.

FULL Name (Please Print)

/ /

Date of Birth MM/DD/YYYY

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Social Security Number

*As a licensed agency by the State of Indiana, ADULT&child Center, Inc. requires Social Security Numbers to conduct government related business through the Indiana Family & Social Service Administration and Indiana State Police.

Signature of Individual

Date

THE SIGNATURE OF THE INDIVIDUAL MUST BE VERIFIED BY A WITNESS BELOW.

Witness Name (Please Print)

Witness Signature

Date