

**CONSENT TO RELEASE INFORMATION FROM AN ADULT ADOPTEE**

I, \_\_\_\_\_, \_\_\_\_\_, am an adoptee who is at least 21 years old.  
(Current Name) (Social Security Number)

My adoption was initiated and/or finalized in the State of Maryland, and the petition was filed by (check one if known):

- A Local Department of Social Services in \_\_\_\_\_ (County/City)
- A Private Child Placement Agency (*name*) \_\_\_\_\_ or
- An Independent Agent (*attorney's name*) \_\_\_\_\_

Pursuant to the Code of Maryland Regulations (COMAR) 07.02.13.01 – 09, I hereby give permission, or refuse to give permission, to the Department of Human Services/Social Services Administration (DHS/SSA), or a private child placement agency, to do the following concerning my birth parents, birth siblings who has also been adopted, or in the event that my birth parent is deceased, birth relatives, including grandparents, adult brothers and sisters, aunts and adult uncles **(print “Yes” by the actions you want to occur, and “No” by the actions you do not want to occur):**

- Release updated medical information
- Release my name and address
- Release my telephone number
- Release my email address
- Facilitate written contact
- Facilitate telephone contact
- Facilitate a reunion

I will notify DHS/SSA of any change of name and/or address. In the event that I forget to notify the Department of these changes, I am providing the name, address, and telephone number of a close friend or relative who will know how I can be contacted:

\_\_\_\_\_  
(Name, Address, Telephone Number)

I understand that I may withdraw my consent to release identifying information in writing at any time.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER WORK PHONE NUMBER

=====

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_