

**AUTHORIZATION FOR RELEASE OF INFORMATION AND
WAIVER OF LIABILITY FOR CRIMINAL RECORD/CHILD ABUSE REGISTRY**

I hereby authorize the Department of Children's Service/Sheriff's Department FBI/TBI to provide information to Adoption Counseling Services Inc. pertaining to any available criminal /state records.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality insofar as the information is released solely to the licensed agencies and Court who are evaluating my suitability for as an adoptive parent.

This authorization shall remain valid for 2 years from the date of signature.

I hereby release any government entity from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the records as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms

Signature

Date

Printed Name