	Inter-Country Adoption Board (ICAB) <b>POST LEGAL ADOPTION SERVICES</b>	Doc. Code	ICAB-PLAS-F-2018-003
		Revision No.	2

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Please enter the following information if known:

**Name of Adopted**

**Person:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of Birth**

**Mother:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of Birth**

**Father:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I authorize ICAB to release my identifying information indicated as follows to the person of my choice: *(Only write the information to be released. Lines can be left blank or write N/A)*

**My Name:** \_\_\_\_\_

**Telephone number(s):** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_


Check the applicable box below to identify who the above information can be released to. (Please select one)

*If you are the Adoptee or Adoptive Parents, select here:*

- Birth Mother
- Birth Father
- Birth Sibling (18 or older)
- Relative of Deceased Birth Parent
- All Eligible Relatives
- None of the Above

*If you are the Birth Parent/s or Birth Family, select here:*

- Adoptive Parents, until Adopted Person is 18 years old
- Adopted Person, age 18 years or older
- Descendants Adopted Person
- All Eligible Relatives
- None of the Above

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I understand that in order to add, revoke or update any of the above information on this form, it is my responsibility to complete and return a new Authorization for Release of Information to ICAB.

\_\_\_\_\_  
Name (print) & Signature:

\_\_\_\_\_  
Date accomplished: