

Adoption Search, Contact and Reunion Services  
**CONSENT/NON-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*)

- 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) Title 07.02.13.01 – .09, I hereby give permission or refuse to give permission to the Department of Human Resources/Social Services Administration (DHR/SSA) and/or the private child placement agency to do the following concerning my birth parent(s), birth sibling(s), or birth relative (including grandparents, adult brother/sister, adult aunt and or adult uncle): **(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 DHR/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:

\_\_\_\_\_  
(Specify 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: \_\_\_\_\_

DHR/SSA 2064 (09/15)

