

Adoption Search, Contact and Reunion Services

CONSENT TO RELEASE INFORMATION FROM A COMMITTED YOUTH

I, _____, _____, am over 16 years old and in Out of Home
(Current Name) (Date of Birth)
placement or I, _____, _____, am the representative of _____ who
(Name) (Title) (Minor)
is under the age of 16 and in Out of Home placement.

The Local Department has determined that reunification with the minor's adoptive parents is not in the minor's best interests, to contact relatives of the minor to develop a placement resource or facilitate a family connection with the relatives. (Family Law-Chapter 86)

Pursuant to the Code of Maryland Regulations (COMAR) Title 07.02.13.01 through 07.02.13.09, I give permission to the Department of Human Resources/Social Services Administration (DHR/SSA) to do the following concerning my birth parent(s), birth siblings or other birth relatives within five degrees of consanguinity(including: great-great grandparents, great-grandparents, grandparents, great-grand uncles/aunts, great uncles/aunts, uncles/aunts, first cousins once removed, first cousins, adult brother/sister, adult nephews/nieces): *(Check all that apply)*

- ___ Release my name
- ___ Facilitate written contact
- ___ Facilitate telephone contact
- ___ Facilitate a reunion

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

MINOR'S SIGNATURE (if over the age of 16) DATE

PARENT/GUARDIAN/ATTORNEY'S SIGNATURE DATE