

HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



Authorization For Release Of Information

To: Any physician, medical facility, psychologist, adoption agency, federal, state, county, or city agency, attorney or lay person referred to me by _____

You are hereby authorized to release to:

Heart and Soul Adoptions, Inc.

P.O. Box 689 · Farmington · UT · 84025 (or)
803 North 1250 West Suite 4 · Centerville · Utah · 84014
877-451-9333 x 1

Any and all psychological, health information or birth certificate records pertaining to me or any child of mine which is now or in the future may be in your possession or under your control, and are further authorized to freely verbally discuss any interaction you have had or may have had with me.

It is expressly authorized hereby to copy or receive copies of any records or documents pertaining to me or the information specified above.

This information may be used in connection with any proceedings concerning the adoption, guardianship, custody, and the control of any child of mine.

This authorization shall remain valid for two years from this date.

Name (please print) _____ Date _____

Signature _____