



## Adoptive Family Authorization for Release of Information

We do hereby give permission to *A Guardian Angel Adoptions, LLC* to complete an adoptive home study on our behalf, or to request a home study from another agency or social worker, that has already been completed.

We further give our permission to release the findings of this study, including opinions, medical histories, backgrounds, assessments and other data to other agencies or individuals that are working directly with *A Guardian Angel Adoptions, LLC* to locate and procure a child or children in our behalf.

We also agree that *A Guardian Angel Adoptions, LLC* may release information relating to our adoption to the Utah Department of Human Services/Division of Child and Family Services or its counterpart in other states in the case of an interstate compact placement. They may also give adoption related information to the courts of the State of Utah if the adoption is contested and at the time of finalization.

We understand that *A Guardian Angel Adoptions, LLC* must release non-identifying information concerning us to potential expectant parents.

We understand that *A Guardian Angel Adoptions, LLC* must involve witnesses or a notary public at the time of placement. We agree that we may be introduced, and those individuals may view any legal forms which we sign.

We also give permission to *A Guardian Angel Adoptions, LLC* to share information about us and our adoption with the medical staff, medical billing office and others in the medical community that have a need to know.

We release *A Guardian Angel Adoptions, LLC* from any liability, damages, actions or suits arising from the release or exchange of the information given in the home study or related to an adoption done through *A Guardian Angel Adoptions, LLC*. Once this information is released, the receiver may further release it and it may no longer be protected information.

I understand that I may revoke this authorization by providing a written statement to *A Guardian Angel Adoptions, LLC*. This Authorization shall remain valid for two years from this date.

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Date of Signatures

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Adoptive Parent #1 Name (Please Print)

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Signature

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Adoptive Parent #2 Name (Please Print)

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Signature