



St. Mary's Services

Maternity counseling and adoption agency

Information Exchange Authorization Release

Name: _____
First Middle Last Maiden(if applicable) Suffix

Age: _____ Date of Birth: _____

I, _____, state that I am willing to allow my identity to be disclosed to those registrants eligible to learn my identity and am open to receiving their information as well. It is my intention to make contact with my biological parent(s) / child and I authorize St. Mary's Services to release the necessary identifying information from my file required to assist in this process. I consent to being contacted by writing to the address and/or through contact information that I have listed below. I understand that I can only be provided with the name and last known address and or contact information of my biological parent(s) / child if such person has duly executed on Information Exchange Authorization Release through St. Mary's Services also. I understand this release will remain in effect indefinitely unless it is revoked or amended at my request.

My name: _____ Phone Number: () _____
(or name of person through whom I may be contacted) Area Code

Address: _____ State: _____ Zip: _____

Signature: _____ Date: _____

STATE OF _____)
)
COUNTY OF _____)

I, a Notary Public in and for the said County, in the State aforesaid, do hereby certify that _____, personally known to me to be the same person whose name is subscribed to the foregoing Information Exchange Authorization Release, appeared before me in person and acknowledged that (she) (he) signed such certificate as (her) (his) free and voluntary act and that the statements made in the said certificate are true.

GIVEN under my hand and notarial seal this _____, day of _____ 20 _____.

Notary Public (SEAL)