## **RELEASE OF INFORMATION**

I(we) hereby authorize the release of any information requ and Families to be utilized in determining my(our) suitability	•
a licensed out-of-home caregiver, or	an adoptive parent.
I(we) hereby grant permission to the Department of information from local, state, or federal law enforcement suitability to serve as a foster parent or as an adoptive participation in	agencies to help determine my(our parent. I(we) understand, however
the licensed out-of-home care program, or	the adoption program.
Applicant's Signature	Date
Applicant's Signature	Date
Name of all household members aged 12-17 years old:	