

ADULT&child Center, Inc. RELEASE OF INFORMATION

I hereby authorize ADULT&child Center, Inc. to give information to and/or receive information from the listed person(s) or organization(s) below. I understand that either ADULT&child Center, Inc. or myself may revoke this release at any time by written acknowledgement.

- Diagnostic and assessment information, including psychological evaluations, psychiatric evaluations and medical history/information.
- Personal references.
- Criminal background information.
- Child protective service history information.
- Driver's license verification through the Bureau of Motor Vehicles

Other: _____

This Release will automatically expire one year from the date of signature indicated below.

FULL Name (Please Print)

/ /

Date of Birth MM/DD/YYYY

- -

Social Security Number

*As a licensed agency by the State of Indiana, ADULT&child Center, Inc. requires Social Security Numbers to conduct government related business through the Indiana Family & Social Service Administration, Indiana Department of Children's Services, and Indiana State Police.

Signature of Individual

Date