EUROPEAN ADOPTION CONSULTANTS
ADOPTIVE APPLICANT AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND/OR CRIMINAL RECORD CHECK

Indicate Status:
☐ Adoptive Applicant ☐ Other Household Member *(Specify relationship to applicant)* _____

Name *(Last)*	*(First)*	*(Middle)*	
Address *(Street, City, State and Zip Code)*			
Social Security Number	Sex	Date of Birth	Place of Birth

I understand that European Adoption Consultants has a legal obligation to protect any child for international adoption and to ensure that an adoptive family is able to serve the best interest of the child.

I understand that it is necessary for an investigation of my background to be conducted regarding any past violations of law.

I hereby give my consent for this information to be released and authorize European Adoption Consultants to contact local and state law enforcement officials, the Bureau or Office of Child Support and courts which may be located in this or another state for such release.

I understand that this release will remain in effect for one year from the date signed, unless revoked by me in writing prior to that time.

Signature of Person Authorizing Release	Date

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