

RETURN TO:

REQUEST FOR RELEASE OF INFORMATION

RE: ADOPTION OF: _____

BORN _____
DATE CITY HOSPITAL

PARENTS: _____

The California Department of Social Service or County Adoption Agency is conducting a study for the proposed adoption of the above-named child.

The California Department of Social Services or _____ requests that you provide:
(NAME OF ADOPTION AGENCY)

- Medical Information. The birth certificate shows that either you were the attending physician at the child's birth or your hospital was the place of birth. If so, please complete and return to us the attached medical report on the mother and child.
- Any information in your files concerning the above-named persons, including both medical and psychosocial history and the result of any tests or medical/psychological evaluations which have been given.
- A brief summary of the child's progress in your school, including copies of any material in the school files related to the following topics: family background, home environment, psychological and educational evaluations, school report cards, difficulties in academic achievement, peer relationships, relating to teachers and/or authority figures, and any immunizations or other medical data.
- A brief history of any dental records, including past problems, date of last visit and prognosis for future dental health.

Please feel free to call us at _____ if you would prefer to speak directly with the social worker.

Your cooperation and early reply will be appreciated.

(NAME)

(TITLE)

DATE

Parent's authorization attached.