



**Children's  
Service Society**

**Adoption**

**ADOPTEE REQUEST FOR NON-IDENTIFYING INFORMATION**

*\*Use this form if you would just like a report written from information in your file. You do not need to send this form in if you are signing up for the Connections Program, unless you would also like the report.\**

Check the appropriate items and complete the requested information.  
Please include a copy of your current picture ID and return this form to:

Children's Service Society  
Attention: Post Adoption Specialist  
655 East 4500 South, Suite 200  
Salt Lake City, UT 84107

- Send medical information only. Enclosed is \$20.
- Send non-identifying information (*this will include medical information*). Enclosed is \$50.
- I give Children's Service Society permission to contact me in the event that there has been or ever will be a contact by my parents by birth, my siblings by birth, or my grandparents by birth.
- I give Children's Service Society permission to reveal to members of my birth family that I have contacted the agency for information.

*Your non-identifying information report will be mailed to you. Please provide an e-mail address if you would like us to e-mail it to you as well.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Adoptive Parents' Names \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date