



**Children's
Service Society**

Adoption

ADOPTEE AFFIDAVIT OF CONSENT TO INFORMATION EXCHANGE

I, _____, born _____,
Full Name *Date of Birth*

the adopted child of _____,
Adoptive Parents' Names

- give my consent refuse my consent revoke my consent

to Children's Service Society to release to (check all that apply):

- Birthmother Birth Grandparents
 Birthfather Birth Siblings
 Other (please specify): _____

The following identifying information (check all that apply and enter applicable information):

- My first name _____ My full name _____
 My phone number _____ My address _____
 My e-mail address _____

I realize that consenting to release identifying information may enable my birth parent or other party specified to contact me. This does not necessarily mean that my birth parent or other party will contact me.

I understand that copies of this document will be kept on file by Children's Service Society. If I change my mind about any of the above decisions at any time in the future, I may file another statement giving, denying, or revoking consent with Children's Service Society.

I certify the information on this form is accurate to the best of my knowledge.

Signature

Date

Attach a copy of photo ID as proof of identity, and return to CSS:

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

Or email to becky@cssutah.org