

Department for Children and Families Family Services Division

Vermont Adoption Registry 280 State Drive Waterbury, VT 05671-1030 www.dcf.vt.gov/fsd [phone] 802-241-0906 [fax] 802-241-0914 Agency of Human Services

Statement About The Release Of Identifying Information

 I hereby make the following statement about the release of identifying information to my child: I consent to the release of this information. I do not consent to the release of this information. I understand that a judge may decide to release this information for important reasons (e.g. medical) even though I requested confidentiality. 							
				Child's Birth/Former Name:			
				Date of Birth:	Place of Birth:		
Parent's Full Name:							
Parent's Previous names :							
Your Current Address:							
Phone: ()	Date of Birth:	Date of Birth:					
Social Security:	Drivers Licen	se: #	State				
Email:							
I understand that I may change my mind aboutentifying information by writing to: Adoption	ut the choice I made	above at any time	e prior to the release of				
Parent's Signature							
Sworn before me at	on this	day of	20				
	My commission expires on						
Notary Public							

Note to Notary: Please use stamp or seal.

Mail completed & notarized form to: Vermont Adoption Registry, 280 State Drive, Waterbury, VT, 05671-1030