CONSENT TO RELEASE OF INFORMATION

I, _____/_____, do now hereby give my
(Name) (Maiden Name)
permission for Colorado Christian Services to release identifying information contained in my adoption file, which is maintained at Colorado Christian Services. "Identifying information" will include but not be limited to the following:

- My name before placement for adoption.
- Current name, address, and telephone number if changed since time of my birth.
- Post-adoption records which may contain but are not limited to:
  - Written inquiries from persons requesting access to records.
  - The search efforts of the confidential intermediary, if involved and applicable.
  - The response, if any, to those search efforts by the persons sought.
  - Any updated medical information, which might be contained in the file.
  - Any identifying information concerning the adult adoptee, adult adoptee's adoptive parents, adult adoptee's adoptive grandparents, adult sibling or half-sibling of the adoptee, adult descendant of the adoptee or the adoptive parents, adoptee's legal guardian, adoptee's spouse, adult stepchild of the adoptee, or the legal representative of any of these.

I authorize Colorado Christian Services to release the above information to my birth parents, birth grandparents, adult birth siblings or adult birth half-siblings, or the legal representative of any of these. I release and hold harmless Colorado Christian Services from any and all liability that may arise from my having authorized this release of information.

_____ _____
Signature Date

Notary:
State of)
)
County of)

Subscribed to and sworn before me this _____ day of _____, _____.

My Commission Expires:

_____
Notary Public

SEAL

_____

_____
Address