

COLORADO CHRISTIAN SERVICES VOLUNTARY ADOPTION REGISTRY (Waiver of Confidentiality)

As part of an adoption triad (please CIRCLE your role in the triad: **Birthparent, Adoptee, Adoptive Parent** or **Other _____ of the adopted person**), I request that this form serve as verification of my desire to have correspondence with another member of the same triad. This form is to be considered my full legal authorization to waive the confidentiality guaranteed to me at the time of the adoption by Colorado Christian Services, the state of Colorado, and the state where the adoption was finalized (if outside Colorado).

***I wish to have correspondence with:** (my birth child, birth parents, birth sibling(s), adopted child's birth parents, birth child's adoptive parents)

Birthdate of the adopted child: _____ **Sex:** Male Female

I simply ask that this form be placed in my **permanent file**. If the other party ever requests information about me, I wish to be notified as soon as possible. At that time, this form will still serve as my Waiver of Confidentiality. *(Please keep the Agency abreast of any changes in your name, address, email address or phone number.)*

When a Waiver is signed by both parties, the Intermediary will notify each party before the exchange of information (disclosure of identities). How would you like to be contacted?

Letter Phone Email Can a phone message be left? _____

Special Instructions regarding contact? _____

If the Intermediary is unable to notify by your designated method, do you wish the identifying information to be released to the other party?

_____ yes _____ no

If the other party seeks information after your death, do you wish any information about yourself to be released?

_____ yes _____ no

_____ *(initial)*

Waiver of Confidentiality

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The Following Information About How To Contact Me May Hereby Be Released In Full To The Previously Identified Parties (the other members of the adoption triad as listed on page one):

Name: _____

Address: _____

Telephone Number: _____

Email: _____

This Waiver gives my full and legal permission to disclose my identity as described above. This Waiver is to remain in full effect until otherwise revoked by me in writing. I attest that I am at least **21 years old**, and that I am indeed the individual I claim to be and was a member of this adoption triad. I understand that no one can guarantee the outcome of Adoption Correspondence such as this, and I will not hold Colorado Christian Services or the Adoption Intermediary responsible for the outcome of the Correspondence or the truths that are revealed after correspondence has begun.

Signature: _____ / _____ **Date:** _____
(Maiden Name)

Your Birthdate: _____

Please attach a copy of your photo ID.

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

My Commission Expires:

Notary Public

SEAL

Address