

**Sunny Ridge Family Center  
Post Adoption Contact and Counseling Services  
Adoptive Parent Authorization**

We/I, \_\_\_\_\_,

the parent(s) of \_\_\_\_\_, DOB \_\_\_\_\_, adopted through Sunny Ridge Family Center, hereby authorize Sunny Ridge Family Center to (check all that apply):

- Provide counseling to my son/ daughter. We understand that in the course of counseling non-identifying information about their birth families and the circumstances surrounded their adoption may be shared.
- Contact my son/daughter's birth mother, birth father, other birth relative for the following purpose:
  - to release current, non-identifying information about our family to the birth family
  - to release identifying information (fill in only what you authorize to have shared)

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number(s) \_\_\_\_\_

- Contact my son/daughter's birth mother, birth father, other birth relative and request the following information:
  - Updated medical/ social information
  - Please list specific requests or questions that you may have:

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We are fully aware that we can only be given the name and last know address of our child's birth parents if such a person has executed a Birth Parent Release of Information/Future Contact Authorization authorizing Sunny Ridge Family Center to release identifying information.

05/03

**PLEASE TURN OVER FOR SIGNATURE**

***To be attached to  
Post Adoption Contact and Counseling Services  
Adoptive Parent Authorization***

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
I, a Notary Public, in and for this county, in the aforesaid state, do hereby certify that

\_\_\_\_\_ is personally known  
to me to be the same person whose name is signed to the foregoing *Adoptive Parent  
Authorization*, appeared before me in person and acknowledge that he/she signed such  
certificate as her/his free and voluntary act.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date