Authorization for Release of Information
Post Adoption

Please enter the following information if known:

Name of Adopted Person:_____ Date of Birth:_____
   (at birth or at adoption)
Name of Birth Mother:_____ Date of Birth:_____
   (at time of adoption)
Name of Birth father:_____ Date of Birth:_____

I authorize* The Cradle to release my identifying information as follows to persons I will select below:
   (Only write in the information to be released. Lines can be left blank or write N/A.)

   My Name: _____

   Telephone number(s): _____

   Email(s): _____

   Address: _____

Check the applicable box(es) below to identify who the above information can be released to.

If you are a Birth Parent or a Birth Family member, select from these options:

- ❑ Adoptive Parents, until Adopted Person is 21 years old
- ❑ Adopted Person, age of 21 or older
- ❑ Descendants Adopted Person
- ❑ All Eligible Relatives
- ❑ None of the Above

If you are an Adoptive Person, an Adoptive Parent or a descendent of an Adopted Person, select from these options:

- ❑ Birth Mother
- ❑ Birth Father
- ❑ Adopted Birth Sibling (21 or older)
- ❑ Relative of Deceased Birth Parent
- ❑ Adoptive Parents of Adopted Person's Birth Sibling(s) (under 21)
- ❑ All Eligible Relatives
- ❑ None of the Above

I understand that in order to add, revoke or update any of the above information on this form, it is my responsibility to complete and return a new Authorization for Release of Information to The Cradle.
_____ (initial)

Name (print): _____

Signature: _____ Date:_____

Authorization between Birth Parents and Adoptive Parents expires on the adopted person's 21st birthday.