



Release and Request for Information

D. H. R. Office of Adoption and Cradle Of Love Adoption Counseling And Services

We (I) _____ currently residing in _____ County (from _____ to current) give our (my) permission and request that DFCS release to Cradle Of Love, a private adoption agency licensed by DHR, a copy of any information on our (my) family regarding:

- 1. Child Protective Services
2. Adoption (inquiry or assessment)
3. Foster Care (inquiry or assessment)

This information will be used for the purpose of completing an Adoptive Family Assessment for the potential placement of a child and to be in compliance with the Adam Walsh Child Protection and Safety Act of 2006.

Father's Name

Mother's Name

Father's Signature

Mother's Signature

Social Security # & Date of Birth

Social Security # & Date of Birth

Date: _____

Date: _____

Complete all information above the dotted line and mail back to Cradle of Love *****

D.H.R. please mail this completed form to:

Cradle Of Love, 1501 Johnson Ferry Road, Suite 100, Marietta, GA 30062
Fax: 770-953-0807

- 1. Child Protective Services Report: ___ NO ___ YES (please attach information)
2. Adoptive Inquiry/Assessment: ___ NO ___ YES (please attach information)
3. Foster Care Inquiry/Assessment: ___ NO ___ YES (please attach information)

Caseworker Signature

Date

County

Telephone Number