

Post Adoption Contact and Counseling Services
Adoptive Person Authorization (21 years and over)

I, _____,

DOB _____, adopted through Sunny Ridge Family Center, hereby authorize Sunny Ridge Family Center to (check all that apply):

- Contact my 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 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:

I am fully aware that I can only be given the name and last know address of my 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.

09/03

PLEASE TURN OVER FOR SIGNATURE

To be attached to
Post Adoption Contact and Counseling Services
Adoptive Person Authorization (21 years and over)

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

Return to:
Sunny Ridge Family Center
Post Adoption Services
270 Remington Blvd., Suite C
Bolingbrook, IL 60440

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