



Lutheran Counseling
& Family Services

CONSENT FOR RELEASE OF INFORMATION

CONSENT INFORMATION

I consent to the disclosure of information in my record and reported by:

- _____ Driver's Record Bureau
(Please list all **states** in which you have resided for the past five years.)
- _____ Crime Information Bureau
(Please list all **states** in which you have resided for the past five years.)
- _____ Department of Health & Human Services
(Please list all **counties** in which you have resided for the past five years.)
- _____ Local Police Department
(Please list all **cities, townships and villages** in which you have resided for the past 5 years, and be specific about the location. For example: **City** of Sheboygan, Mukwonago **Village**.)
- Personal References

The above information will be sent to **Diane Boheen** of **Lutheran Counseling and Family Services** for the purpose of the adoption home study process.

This authorization is subject to written revocation at any time, and in any case expires after 90 days.

SIGNATURE

(Please sign in the presence of a notary public or an LCFS employee.)

Signature _____

Name (Please Print) _____

Date _____

VERIFICATION OF SIGNATURE

Signed or attested before me on _____

State of: _____

Signature _____

County of: _____

Title: _____

My commission expires: _____