

RELEASE OF INFORMATION AUTHORIZATION ADULT ADOPTEE

State of Michigan – Department of Human Services

I hereby authorize the adoption agency and/or the probate court named below, in accordance with P.A. 288 of 1939, Chapter 10, to release, upon request, my name and address to:

My Biological Parent(s)

An Adult Brother/Sister

CURRENT INFORMATION

Current Name (Last, First Middle)	Birth Date
	Month Day Year
Current Address (Street Number and Name)	Apartment Number
City State Zip Code	Telephone Number
	A/C ()

ADOPTION INFORMATION

Adoptive Name (Last, First, Middle)	Name Before Adoption (If Known)
Adoptive Mother's Name	Adoptive Father's Name
Birth Mother's Name	Birth Father's Name
Name of Probate Court	Name of Placing Agency

Additional Comments

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: MCLA 710.68. COMPLETION: Voluntary. PENALTY: None.
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DISTRIBUTION: 1st Copy – Probate Court that Finalized Adoption 2nd Copy – Adoption Agency 3rd Copy – Keep for Your Records	Adult Adoptee's Signature	Date
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