



WAIVER OF CONFIDENTIALITY & AUTHORIZATION TO RELEASE INFORMATION

In consideration of the services provided and to be provided to me or on my behalf by The Children's Home Society of NJ in connection with my efforts to obtain information about and/or contact with:

- (a) my biological child
- (b) my biological relatives; or
- (c) my child's biological relatives

I authorize The Children's Home Society of NJ, its directors, officers, employees, successors and assigns, to disclose information about my identity (including my name, address and telephone number) and/or any other circumstances concerning the adoptive placement to which I was party.

For good and valuable consideration, the receipt of which hereby acknowledged, I release The Children's Home Society of NJ, its directors, officers, employees, successors and assigns, from any liability whatsoever, now existing or arising in the future, that results from the disclosure of information as authorized herein, and I agree to hold them harmless from any and all claims, which result from the disclosure of information as authorized herein.

I understand that to withdraw this WAIVER AND AUTHORIZATION I must notify The Children's Home Society of NJ in writing by certified mail, return receipt requested. Unless I withdraw this WAIVER AND AUTHORIZATION as described, I understand that the agreements contained herein are binding upon my executors, administrators, heirs, devisees, assigns, and personal representatives.

Signature

Address

Printed Name

Telephone Number

WITNESSED:

1. _____

2. _____

SWORN TO, SUBSCRIBED AND ACKNOWLEDGE before me on this _____ day of _____, 20____.

(SEAL)

Notary Public, State of _____

Typed or Printed Name of Notary
My Commission Expires: _____