



CCAI CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name and address of agency or person to whom information is to be released:

Agency Name _____

Contact Name _____

Mailing Address _____

Phone _____ Fax _____

Email Address _____

We prefer CCAI to: ___Mail___ Fax___ Email our information to the above mentioned agency.
___We prefer CCAI to mail the materials to us in a sealed envelope, which we will not open.

Name and address of agency to release information:

Name CCAI Phone 303-850-9998

Address 6920 S. Holly Circle, Centennial, CO 80112

The information to be released is: _____
Specify the Service

The purpose for requesting this information is: _____

This consent is valid for: 12 months

We have been informed of our rights by Cynthia Berglund concerning the release of the above confidential information and give our consent to release the information effective the signature date(s) below. We understand our consent may be withdrawn at any time with written notification.

Adoptive Mother:

Printed Name Signature Date

Adoptive Father:

Printed Name Signature Date