



**AMERICAN ACADEMY OF  
Adoption Attorneys**

**P.O. Box 33053  
WASHINGTON, D.C. 20033-0053**  
www.adoptionattorneys.org

**AUTHORIZATION FOR RELEASE OF INFORMATION**

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To all bar associations, lawyer regulatory entities, lawyers, law enforcement agencies, courts, court administrators, clerks of court, judges, Interstate Compact on the Placement of Children compact administrators, licensed adoption agencies, social workers and any other individuals who have knowledge of information pertinent to my application for membership to the American Academy of Adoption Attorneys (hereinafter "Academy"):

I, \_\_\_\_\_, the undersigned, am making application for membership to the Academy, and in doing so, authorize and request the release of information and records to the Academy, and the attorney members of the Academy assigned to conduct the due diligence on my application. This information will be used for the purpose of determining my eligibility and qualification for membership.

This Authorization shall be valid for a period of one year after my execution of same.

Please be aware that I completely waive whatever right I may have to obtain any information you provide to the Academy pertaining to my background, and suitability for membership.

A copy of this Authorization shall be considered as effective as the original.

Applicant's signature: \_\_\_\_\_

Sworn to and signed before me on this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, by  
\_\_\_\_\_, who is personally known to me or who produced  
\_\_\_\_\_ as identification and who did execute before me the foregoing  
Authorization for Release of Information.

(Signature of Notary) \_\_\_\_\_  
NOTARY PUBLIC