



6833 Dan Danciger Road | Fort Worth, TX 76133 | PH: 682-708-7375 | F: 817-769-8454

RELEASE OF INFORMATION AUTHORIZATION

I/We _____
Adoptive/Kinship Parent Applicant(s) Name

Hereby expressly authorize the release of any and all information in the records of

Agency Providing Information (Applicant's current/former agency)

Agency Mailing Address: _____

Contact Name: _____ Dates of Association: _____

Phone: _____ Fax: _____

To: Advantage Adoptions - OCOC
Attn: Lois Miller
6833 Dan Danciger Road
Fort Worth, Texas 76133

Please include the complete adoptive family file including the following information (as applicable):

Home Study, Addendums, Updates
Application and References
Home Photos
All Training Certificates and training log (applicants)
Deficiencies and their Resolutions
Abuse/Neglect/RCCL Investigations
Supervisory Visits and Evaluations
Marriage Certificate, if applicable
Divorce Decrees, if applicable
Physical Exam(s)
Agency Home Verification
FBI TCN Receipt
Prior State Central Registry Checks

Driver's Licenses
Birth Certificates (all household members)
Social Security Cards
Floor Plan and Fire Evacuation Plan
Fire Inspection (most recent)
Health Inspection (most recent)
Education Requirements (GED, Diploma or Degree)
TB Test Results (all household members)
Pet Vaccination(s)
Home Owner's Insurance (most current)
Auto Insurance (most current)
Risk Evaluation (court documents, person references)
Immunization Records (all children in the home)

Adoptive Parent Signature

Date

Adoptive Parent Signature

Date

Agency Representative Signature

Date