RELEASE OF INFORMATION WAIVING RIGHT TO CONFIDENTIALITY

I_____Print name_____ applicant name, understand that I may have a right to confidentiality of some information, gathered or obtained by the Department of Social and Health Services (DSHS), in connection with our foster care license/or employment at a licensed agency. This information might include criminal history; child protective services, family reconciliation services, child welfare services, and/or licensing information. Child protective services information may be "founded", "inconclusive", "unfounded", "information only", or "third party" information. Licensing information may be "valid" or "invalid" or include compliance agreements. I understand that not all the information listed above is confidential and that some information may be released without my consent. I also understand that DSHS is not authorized to release confidential information about me, unless permitted by law or by me.

Understanding that I have a right to confidentiality, I hereby waive that right in order to permit _ANTIOCH ADOPTIONS_ to have access to all information as listed above. I authorize and direct the Department of Social and Health Services to provide full access to the above listed information to _ANTIOCH ADOPTIONS_. This waiver/authorization is voluntarily signed on

_____,(date)_____(place)

_____

(signature)