



Name of Individual: _____

Date of Birth: _____

Social Security Number: _____

Current Address (street, city, state, municipality):

10 years or more less than 10 years

If less than 10 years, please list all other addresses used in the past 10 years:

Address	County/Municipality	Dates of residence

I hereby authorize Diakon Adoption & Foster Care to obtain information from police municipalities and Children and Youth Services for the community in which I currently and from communities in which I have previously resided.

This authorization shall permit police municipalities and Children and Youth agencies for addresses listed above to release information regarding any documented police/case activity to Diakon Adoption & Foster Care.

I fully understand the nature of this authorization is to release and obtain information. I also understand that I may revoke this consent, in writing, at any time except to the extent that action has already been taken in reliance on this written consent.

I understand that the information released/obtained will be used only for purposes related to my consideration for approval as a foster/adoptive parent with Diakon Adoption & Foster Care and that this information may affect a decision related to my approval.

The disclosed information shall be held in the strictest confidence and shall be used only for the above stated purpose. This authorization will expire 60 days from the date of my signature, unless authorization is previously revoked.

Diakon Adoption & Foster Care
836 S. George St.
York, PA 17403

Diakon Adoption & Foster Care
960 Century Dr.
Mechanicsburg, PA 17055

Diakon Adoption & Foster Care
1 S. Home Ave.
Topton, PA 19562

Signature

Date