



Authorization for Release of Information

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

I/We hereby authorize Harmony Adoptions, pursuant to 55-306(j) Tennessee Code Annotated, and the following persons or organizations to release information in the following manner:

Name: _____
Address: _____
Phone: _____

- Both parties may exchange verbal and/or written information.
- Harmony may release information only to the person or organization listed above.
- The above person or organization listed above may release information only to Harmony.
- Release a copy of the record only, no verbal exchange.

Type of information request, and the purpose _____

I understand that this consent automatically expires one (1) year from the date of the signature. My signature indicates that I know exactly what is being disclosed and means that I understand the language of this form. I am aware that this information will be held in confidence and will be used in my best interests. I further understand that the above mentioned information shall not be released to any other individual or agency unless it complies with all other applicable laws regarding confidentiality.

Signature of applicant _____ Date: _____
Signature of applicant _____ Date: _____
Signature of applicant _____ Date: _____



Authorization for Release of Information

Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____

I/We hereby authorize Harmony Adoptions, pursuant to 55-306(j) Tennessee Code Annotated, and the following persons or organizations to release information in the following manner:

Name: Council on Accreditation
 Address: 120 Wall Street 11th Floor
New York, New York 10005
 Phone: _____

- _____ Both parties may exchange verbal and/or written information.
- Harmony may release information only to the person or organization listed above.
- _____ The above person or organization listed above may release information only to Harmony.
- _____ Release a copy of the record only, no verbal exchange.

Type of information request, and the purpose Access to adoptive family file for the purpose of gaining and maintaining COA accreditation

I understand that this consent automatically expires one (1) year from the date of the signature. My signature indicates that I know exactly what is being disclosed and means that I understand the language of this form. I am aware that this information will be held in confidence and will be used in my best interests. I further understand that the above mentioned information shall not be released to any other individual or agency unless it complies with all other applicable laws regarding confidentiality.

Signature of applicant _____ Date: _____
 Signature of applicant _____ Date: _____
 Signature of applicant _____ Date: _____



Authorization for Release of Information

Name: _____ Date of Birth: _____
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I/We hereby authorize Harmony Adoptions, pursuant to 55-306(j) Tennessee Code Annotated, and the following persons or organizations to release information in the following manner:

Name: Department of Children's Services- Licensing Unit
Address: 1272 Foster Ave.,
Nashville, TN 37243
Phone: _____

- _____ Both parties may exchange verbal and/or written information.
 _____ Harmony may release information only to the person or organization listed above.
_____ The above person or organization listed above may release information only to Harmony.
_____ Release a copy of the record only, no verbal exchange.

Type of information request, and the purpose Access to adoptive family file for the purpose of
maintaining child placing license

I understand that this consent automatically expires one (1) year from the date of the signature. My signature indicates that I know exactly what is being disclosed and means that I understand the language of this form. I am aware that this information will be held in confidence and will be used in my best interests. I further understand that the above mentioned information shall not be released to any other individual or agency unless it complies with all other applicable laws regarding confidentiality.

Signature of applicant _____ Date: _____
Signature of applicant _____ Date: _____
Signature of applicant _____ Date: _____



International Families Only

Authorization for Release of Information

Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____

I/We hereby authorize Harmony Adoptions, pursuant to 55-306(j) Tennessee Code Annotated, and the following persons or organizations to release information in the following manner:

Name: United States and Citizenship Services
 Address: 842 Virginia Run Cove,
Memphis, TN 38122
 Phone: _____

- Both parties may exchange verbal and/or written information.
- Harmony may release information only to the person or organization listed above.
- The above person or organization listed above may release information only to Harmony.
- Release a copy of the record only, no verbal exchange.

Type of information request, and the purpose Adoptive Home Study , Addendums, Updates for the
purpose of obtaining USCIS approval

I understand that this consent automatically expires one (1) year from the date of the signature. My signature indicates that I know exactly what is being disclosed and means that I understand the language of this form. I am aware that this information will be held in confidence and will be used in my best interests. I further understand that the above mentioned information shall not be released to any other individual or agency unless it complies with all other applicable laws regarding confidentiality.

Signature of applicant _____ Date: _____
 Signature of applicant _____ Date: _____
 Signature of applicant _____ Date: _____