



RELEASE OF INFORMATION

The undersigned party, _____, does hereby grant permission to Ethica and/or its officers and directors to distribute information sent to them; to receive information from other parties; and to discuss the details of the adoption case of the family/child(ren) listed below; to/from parties representing the Department of State, the Bureau of Citizenship and Immigration Services, the Congressional Coalition on Adoption Institute, Congressional Members at Large, and a private attorney as necessary. By signing this document, the undersigned party, _____, states that the information is true and accurate to the best of their knowledge. This release is valid until 12/1/08.

Family Name (please print)

Child's Name, Date of Birth, and Country of Origin (please print)

Signature of Parent(s) (Both parents must sign if applicable)

Date