

RELEASE OF CONFIDENTIALITY

We _____ and _____

living at _____

_____ phone #

_____ email address

do hereby authorize persons, organizations or establishments including but not limited to therapists, doctors, school districts, school teachers, school nurses, neighbors, witnesses, Child Protective Services, friends, employers and relatives having information or records concerning each of us and our circumstances as well as our minor children or any minor child we are caring for and their circumstances to furnish such information to:

Brenda Lee Roberts, M. Ed., LPC
4849 Greenville Avenue, Ste 1118
Two Energy Square
Dallas, Texas 75206
Brenda@BrendaLeeRoberts.com
972.672.0038 main
972.534.1443 fax

I hereby grant Brenda L. Roberts, M. Ed., LPC permission to obtain information that may have a bearing on the welfare and best interest of the child(ren) subject of this adoption including but not limited to criminal background checks, sexual offender background checks, fingerprints for the State of Texas or FBI background checks.

Ms. Roberts, having been requested to conduct research into the circumstances and condition of the home of _____ to determine adoption suitability. Ms. Roberts also having been ordered to appear in court if necessary to provide testimony of same if requested to do so by any counsel of record.

This authorization shall be in effect until the final hearing of this adoption proceeding in _____ County Texas.

Signature

Date

Printed name

Signature

Date

Printed name
