

WAIVER OF CONFIDENTIALITY

YOUR NAME
Your Street
Your City, State and zip
Your area code and phone number

Office of Vital Records
The Department of Health
Address
Your City, State and zip

To All Concerned Parties:

I hereby formally request that this letter and/or copies of it immediately be placed in all records and files you have pertaining to my adoption as handled through The Department of Health and finalized *date*, in *name of* Court. My adopted name is *your name* and I was born on *your birth date* at *name of* Hospital in *City, State and zip*. Copies of my current birth certificate and driver's license or other legal identification are included with this authorization letter.

Please consider this letter and/or copies of it to be my legal authorization to waive the confidentiality due me by any law(s) and/or organizations of *birth State* regarding anything considered to be identifying information.

I want the effects of this letter to extend only to my birth mother, birth father, and any birth siblings I may have. It is my desire that the following information be released in full: my full name, current address and telephone number as found above, and all records in my files, including any updated information I may give you in the future.

By this waiver, I give you full and legal permission to release my present identity and whereabouts as given above. This waiver shall remain in full effect until revoked by myself in writing. I have enclosed a self-addressed-stamped-envelope for your convenience and I look forward to your quick response.

DATED this ____ day of _____ 20__.

Respectfully Submitted By:

Your Name typed here

SUBSCRIBED and SWORN to before me on
this ____ day of _____, 20__.

NOTARY PUBLIC