

**Consent to Exchange Information**

I, \_\_\_\_\_  
(Name) (Date of Birth) (Optional – Social Security Number)

am the:  adoptee  birth parent  adoptive parent  sibling  
 other \_\_\_\_\_. (Specify Relationship)

I hereby give my consent to exchange:  
 identifying and non-identifying information  only non-identifying information  
with any party to the adoption.

This form provides for the exchange of information between mutually consenting adults who are parties to an adoption as outlined below.

- 1. The adoptive parents of an adoptee who is at least eighteen years of age or, if the adoptive parents are deceased, the adoptee’s guardian.
- 2. An adoptee if the adoptee is at least eighteen years of age.
- 3. If an adoptee is deceased, the adoptee’s spouse if the spouse if the legal parent or guardian of any child of the adoptee.
- 4. If an adoptee is deceased, any progeny of the adoptee who is at least eighteen years of age.
- 5. Either of the birth parents of an adoptee.
- 6. If the birth parent of an adoptee is deceased, the parent of the birth parent.
- 7. A biological sibling of the adoptee if the sibling is at least eighteen years of age.

I realize that consenting to release of identifying information may enable the above-described parties to contact me. I understand that copies of this document will be filed with and retained by the court and by the agency, division or attorney who participated in the adoption. I certify the information on this form is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires

Mail original to: Debra Allen, Allen Investigations LLC (Affix stamp here.)  
285 Lake Havasu Ave. S. #200  
Lake Havasu City, AZ 86403