



3355 Lenox Road Suite 750 Atlanta, Georgia 30326 / Phone 678-860-0849 / www.myadoptionresources.com

Release and Request for Information for Child Abuse Registry

I/We (print) name(s): _____ having resided at the following addresses for the past FIVE years:

_____ (full address) _____ (county)

_____ (full address) _____ (county)

_____ (full address) _____ (county)

give our (my) permission and request that DFCS release to Adoption Resources & Counseling, Inc., a private adoption agency licensed by Georgia DHR, a copy of any information on our (my) family regarding:

Child Protective Services (Risk Assessment)

Adoption (Inquiry or Assessment)

Foster Care (Inquiry or Assessment)

This information will be used for the purpose of completing an Adoptive Home Study for the potential placement of a child.

Applicant 1:

Name Printed: _____

Signatures: _____

DOB/SSN _____

Applicant 2:

Name Printed _____

Signatures _____

DOB/SSN _____

Others in Household: (16 and older)

Print Name / Signature _____ Date _____

_____ Date of Birth / Social Security Number _____

Print Name / Signature _____ Date _____

_____ Date of Birth / Social Security Number _____

**Please return this completed form to:
Adoption Resources & Counseling, Inc.
3355 Lenox Road Suite 750
Atlanta, Georgia 30326**

Child Protective Services _____ **NO** _____ **YES (Please attach information)**

Adoption (inquiry or assessment) _____ **NO** _____ **YES (Please attach information)**

Foster Care (inquiry or assessment) _____ **NO** _____ **YES (Please attach information)**

Program Assistant / DFCS Rep Signature _____

Date _____ County _____ Telephone Number _____