**Adoptive Parent Information Release**

**Use of Form:** This mandatory form allows adoptive parents to indicate whether they would like their information to be released to the state-funded postadoption support program designated by the Wisconsin Department of Children and Families (DCF). Use of this form is required pursuant to Wis. Stat. § 48.93(1w). This form must be explained and provided to adoptive parents by adoption agencies. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Adoptive parents should complete **either Section I or Section II.** Complete Section I only to opt out of the information release.Complete Section II only to have information released to the postadoption support program.

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| **SECTION I. OPT OUT OF INFORMATION RELEASE**  The adoptive parent(s) should complete this section only if they are choosing not to have their information released to the postadoption support program. If Section I is completed, **do not complete Section II.** | | | | | | |
| Within 90 days of adoption finalization, the names and contact information of the adoptive parents and the name and birth date of the adopted child will be provided to the state-funded postadoption support program designated by DCF **unless the adoptive parent(s) choose to opt out by completing Section I of this form**. This information will never be released to any other source.  Release of this information will allow the adoptive parents to receive notification of new programs, available training, upcoming events, or information about post-permanency services. If Section I of this form is completed, **information will not be released to the postadoption support program.**  **OPT OUT:** If the adoptive parents **DO NOT WISH** for this information to be provided to the postadoption support program, the adoptive parents must sign here: | | | | | | |
|  | | |  |  | | |
| Print – Adoptive Parent 1 Full Name | | |  | Print – Adoptive Parent 2 Full Name | | |
|  | | |  |  | | |
| **SIGNATURE** –Adoptive Parent 1 | | |  | **SIGNATURE** –Adoptive Parent 2 | | |
|  |  |  |  |  |  |  |
|  | Date Signed |  |  |  | Date Signed |  |

**Complete only Section I OR Section II**

|  |  |  |
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| **SECTION II. INFORMATION TO BE RELEASED**  The adoptive parent(s) should complete this section only if they are choosing to have their information released to the postadoption support program. If Section II is completed, **do not complete Section I.** Section II does not require a signature. | | |
| **Adoptive Parent 1** | | |
| Adoptive Parent 1 Full Name (Last, First MI) | | Telephone Number |
| Address (Street, City, State, Zip Code) | | |
| Email Address | | |
| **Adoptive Parent 2** | | |
| Adoptive Parent 2 Full Name (Last, First MI) | | Telephone Number |
| Address (Street, City, State, Zip Code) | Same as Adoptive Parent 1 | |
|  | | |
| Email Address | | |
| **Adoptive Child** | | |
| Name (Last, First MI) | | Birthdate (mm/dd/yyyy) |