Authorization to Release Adoption Home Study and Related Adoption Documentation

Agency: Tennessee Adoption Home Study Services

Applicant Name(s): _____

Date(s) of Birth: _____

Address: _____

Phone: _____ Email: _____

Purpose

We, the undersigned, are applicants for adoption and have requested an adoption home study through Tennessee Adoption Home Study Services. In the course of pursuing an adoption, it may be necessary for our completed home study and related documentation to be shared with adoption professionals, agencies, and courts involved in the placement or finalization of an adoption.

Authorization

We authorize Tennessee Adoption Home Study Services to release copies of our adoption home study and related adoption documentation to individuals and organizations involved in our adoption process when reasonably necessary.

This may include, but is not limited to:

- Licensed adoption agencies
- Adoption attorneys
- Courts or court officials
- Social workers or licensed adoption professionals
- State or county child welfare agencies
- Interstate Compact for the Placement of Children (ICPC) offices
- Other professionals directly involved in the evaluation, placement, supervision, or finalization of an adoption.

Documents That May Be Released

The information that may be released includes:

- Completed adoption home study reports
- Home study updates or amendments
- Post-placement reports
- Supporting documentation contained in the adoption file when required for adoption proceedings

Purpose of Release

These documents may be released solely for purposes related to:

- Adoption matching or placement consideration
- Legal adoption proceedings
- Interstate Compact processing
- Post-placement supervision
- Adoption finalization

Confidentiality

We understand that our home study contains confidential personal information. Tennessee Adoption Home Study Services will make reasonable efforts to release this information only to individuals or entities directly involved in the adoption process.

Method of Transmission

Documents may be transmitted by secure email, electronic file transfer, mail, fax, or other reasonable professional methods.

Time Period

This authorization shall remain valid from the date signed until two (2) years after the completion of the home study, unless revoked earlier in writing.

Revocation

We understand that we may revoke this authorization at any time by providing written notice to Tennessee Adoption Home Study Services, except to the extent that action has already been taken in reliance upon this authorization.

Copy of Authorization

A photocopy, scanned copy, or electronic copy of this authorization shall be considered as valid as the original.

Acknowledgment

By signing below, we acknowledge that we have read and understand this authorization and voluntarily consent to the release of our home study and related documentation as described above.

Applicant Signature: _____

Printed Name: _____

Date: _____

Applicant Signature: _____

Printed Name: _____

Date: _____

Agency Representative: _____

Date: _____