



EuroAsian Adoption Consultants of Illinois, Inc.

949 N. Plum Grove Road, Suite D
Schaumburg, Illinois 60173
t) 224.353.6241 f) 224.353.6249

RELEASE OF INFORMATION

I/We, _____ (Client Name), hereby give consent
to: EuroAsian Adoption Consultants of IL, Inc. located at 949 N. Plum Grove Road, Suite D, Schaumburg,
Illinois 60173 to release _____ concerning

_____ (Client Name) to:

_____ (Name of receiving agency)
_____ (Address of receiving agency)

I understand that I have the right to inspect the information disclosed, except for certain records which must remain confidential per the Illinois Department of Children and Family Services.

I understand that I may revoke this consent at any time by notifying the Provider of Information above in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent. I also understand that, even if I do not revoke this consent, the consent will expire one year from the date this document was signed.

I understand that this release of information is to serve as authorization for my file to be transferred to the agency listed above.

Client Signature

Date

Client Signature

Date