



State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

SunCoast Region

Authorization For Release of Information

I, _____, HEARBY AUTHORIZE AND
REQUEST THE DEPARTMENT OF CHILDREN & FAMILIES SERVICES
TO RELEASE TO:

(name of adoption agency)

(address of adoption agency)

THE RESULTS OF A SCREENING THROUGH THE FLORIDA ABUSE
HOTLINE INFORMATION SYSTEM.

All information I hereby authorize to be obtained
from the Department of Children & Families will be held
strictly confidential and cannot be further released by
the recipient without my written consent.

I understand that this authorization will remain in
effect for ninety (90) days unless I specify an earlier
expiration date here; _____.

I understand that I may withdraw my consent at any
time.

Signature

Date

9393 North Florida Avenue, Tampa, Florida 33612-7236

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency