

AAI CONSENT TO EXCHANGE INFORMATION

Adoptive Parent(s): _____

This signed form is the authority by which we consent to the exchange of information between Autumn Adoptions Inc. and the entities listed below. We understand that the information exchanged will be used solely for the purpose of obtaining or sharing information related to our adoption.

Adoption Agency Name: _____

Address: _____

Contact Person Name: _____

Telephone

Fax

Email

Adoption Attorney: _____

Address: _____

Telephone

Fax

Email

Signature: _____

Adoptive Father

Signature: _____

Adoptive Mother

Date: _____