



**Catholic Charities**  
 Archdiocese of Dubuque

1229 Mount Loretta Avenue  
 Dubuque, IA 52003  
 563.588.0558  
 800.772.2758

**WAIVER OF CONFIDENTIALITY & AUTHORIZATION TO RELEASE INFORMATION**

In consideration of the services provided and to be provided to me or on my behalf by Catholic Charities in connection with my efforts to obtain information about and/or contact with:

- a. My biological child
- b. My biological relatives
- c. My child's biological relatives

I do hereby waive any and all legal rights I have relating to the disclosure of confidential information by Catholic Charities.

I authorize Catholic Charities' directors, officers, employees, successors and assigns, to disclose information about my identity (including my name, address and telephone number) and/or any circumstances concerning the adoption placement to which I was party.

For good and valuable consideration, the receipt of which I hereby acknowledged, I release Catholic Charities' directors, officers, employees, successors and assigns from any liability whatsoever, now existing or arising in the future that results from the disclosure of information as authorized herein.

I understand that to withdraw the WAIVER AND AUTHORIZATION I must notify Catholic Charities in writing, certified mail, return receipt requested. Unless I withdrew this WAIVER AND AUTHORIZATION as described, I understand that the agreements contained herein are binding upon my executors, administrators, heirs, devisee assigns and personal representatives.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have carefully read the agreement and fully understand its content. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this agreement in behalf of myself of my own free will. (Please initial to show that you agree: \_\_\_\_\_.)

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.**

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Seal) \_\_\_\_\_ (Notary Public Signature)  
 State of \_\_\_\_\_

\_\_\_\_\_  
 (Typed or Printed Name of Notary)  
 My Commission Expires: \_\_\_\_\_