

**Consent to Exchange Information**

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Date of birth) (Social Security Number)

am the:  adoptee  birth parent  adoptive parent  sibling  
 other \_\_\_\_\_.(Specify Relationship)

I hereby give my consent for a Confidential Intermediary to exchange:

identifying and non-identifying information  only non-identifying information

with any party to the adoption as specified by Arizona Revised Statute § 8-134.

A.R.S. § 8-134 provides for the exchange of information between mutually consenting adults who are parties to an adoption.

A.R.S. § 8-134 A. Any of the following persons may use the services of a confidential intermediary who is listed with the court:

1. The adoptive parents of an adoptee who is at least eighteen years of age or, if the adoptive parents are deceased, the adoptee's guardian.
2. An adoptee if the adoptee is at least eighteen years of age.
3. If an adoptee is deceased, the adoptee's spouse if the spouse is the legal parent or guardian of any child of the adoptee.
4. If an adoptee is deceased, any progeny of the adoptee who is at least eighteen years of age.
5. Either of the birth parents of an adoptee.
6. If the birth parent of an adoptee is deceased, the parent of the birth parent.
7. A biological sibling of the adoptee if the sibling is at least eighteen years of age.

I realize that consenting to release of identifying information may enable the above-described parties to contact me.

I understand that copies of this document will be filed with and retained by the court and by the agency, division or attorney who participated in the adoption.

I certify the information on this form is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires