



Authorization to Release Case Information

For use by the U.S. Department of State, Office of Children's Issues

I, _____ (name), the _____ (relationship to child/ren) of the child/ren listed below, authorize the Office of Children's Issues to release information about myself and/or my minor child/ren to prospective and retained attorneys and mediators in the United States.

Name of child: _____ DOB: _____

Name of child: _____ DOB: _____

Name of child: _____ DOB: _____

Is the child/ren a citizen of the United States? _____ Yes _____ No

Is the child/ren a permanent legal resident of the United States? _____ Yes _____ No

In the event that persons or organizations other than prospective attorneys request information regarding your child/ren's case, The Office of Children's Issues may release information to:

Family Members and/or Friends: _____ Yes _____ No

Please list full names and relationship to child:

Media organizations (newspaper, television, etc.) _____ Yes _____ No

Members of the U.S. Congress _____ Yes _____ No

Signature

Date