



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: _____
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 of Applicant

Date