## CONSENT TO RELEASE OF IDENTIFYING INFORMATION

1. Pursuant to N.C.G.S. 48-9-109(2), adopting parent(s), being duly sworn, of information to each other and do hereby	do hereby consent to	
(County department of so	cial services or licen	sed child-placing agency)
to release information that could reason the adoptee(s) and each of the undersignment(s).		
2. This consent to the release of iden executed prior to the adoption of _		
, day of,	, [ or expected to b	be born approximately
]	in(City)	(State)
3. This consent will be filed in the add 305(10).	option proceeding pu	rsuant to N.C.G.S. 48-2-
Signature of (placing parent) (guardian)	Signatur	re of adopting parent 1
Signature of second placing parent, if required	Signatu	are of adopting parent 2
DSS-5218 (Rev. 11/2014)		

DSS-5218 (Rev. 11/2014) Child Welfare Services

STATE OF NORTH CAROLINA	
COUNTY	
I,(Name of Office	, do hereby certify that
(Name of Offic	131)
[Names of placing paren	at(s) and adopting parent(s)]
personally appeared before me this day and acknow that this document has been sworn to (or affirmed)	eledged the due execution of the foregoing document and and subscribed before me.
I certify that I, the undersigned, am a Notary Public acknowledgements.	or one otherwise empowered to administer oaths or take
Witness my hand and seal this the day of	
(Place of Consent)	·
(Fine of Consent)	
	Signature
(SEAL)	
	Title
My commission expires	
, <u>.</u>	

**NOTE:** The original of this form is attached to the Petition for Adoption. A copy is given to each person signing the release. Following entry of the Decree of Adoption, the release of any information about an adoption is governed by the confidentiality provisions of Article 9 of Chapter 48.

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