



### Request for De-identified Social and Medical History

I, \_\_\_\_\_, hereby request that Colorado Christian Services send to me all the available social/medical history that is in my file. I understand that these copies will be de-identified in order to maintain the confidentiality of the other adoption parties involved. I further understand that identifiable information is not provided due to legal restrictions. The information that will be provided to me is drawn from Colorado Christian Services' records and was based on what was given at the time of pregnancy/birth/relinquishment/adoption. Any current or updated information that the agency has will also be provided to me. I understand that the agency cannot attest to the accuracy or completeness of the information.

I request the information be sent to the following address:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number (Can a message be left, circle one) YES NO

My signature below indicates I understand the above and consent to the receipt of information based on these terms.

\_\_\_\_\_

Signature Date

**Please attach a copy of your photo ID.**

(State of \_\_\_\_\_ )

( \_\_\_\_\_ )

(County of \_\_\_\_\_ )

Subscribed and affirmed before me in the county of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public

\_\_\_\_\_

Address