ANCHOR FAMILY SERVICES, INC
A CHILD PLACING AGENCY

Dear Family Records,

_____ recently expressed interest in fostering with Anchor Family Services. Attached is a signed authorization to release information concerning his/her/ **their** tenure with your agency and any pertinent licensing information.

Thank You,
Foster/Adoptive Home Developer/Licensing Specialist
Anchor Family Services

I/We, _____, request that you release information regarding my/our licensure/application as a foster/adoptive family to Anchor Family Services for the purpose of becoming licensed with Anchor Family Services. In addition to basic licensing information, I/ We give permission for the release of documents regarding on-going trainings, inspections and possible corrective action.

Signature _____Date _____

Signature _____Date _____

Indicate name of current agency & Case Manager/name(s) of previous agency & Case Manager(s) where you have been licensed:

Agency/Case Manager	Phone #	Fax #	Dates
	( ) -	( ) -	to
	( ) -	( ) -	to
	( ) -	( ) -	to
	( ) -	( ) -	to