



RELEASE OF LICENSING INFORMATION

I/we _____
(print your name)

authorize the Department for Children and Families; Residential Licensing and Special Investigations Unit to release any and all information from my foster care licensing and/or adoption history record to:

Wide Horizons For Children, Inc.
144 Moody Street, Building 24, Second Floor
Waltham, MA 02453

(Signature)

(Signature)

(Date)

(Date)

Please return this form to WHFC with your Packet B materials.

WHFC will send to:

Residential Licensing & Special Investigations
Department for Children and Families
280 State Drive, HC 1 North
Waterbury, Vermont 05671-1030