



**CATHOLIC ADOPTION SERVICES
OF WASHINGTON STATE**

A PROGRAM OF CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON

100 23rd Avenue South | Seattle, WA 98144-2302
206-328-5928 | 877-865-5944 | FAX 206-328-5975
www.ccsww.org/adoption

**REQUEST FOR DISCLOSURE OF NON-IDENTIFYING INFORMATION
AND
HOLD HARMLESS AGREEMENT
BIRTH PARENT**

I, _____, hereby request disclosure of non-identifying information contained in the records held by Catholic Community Services of Western Washington, as per RCW 26.33.340. I understand that I will receive only non-identifying material from my record which pertains to my birth child and their adoptive family that was in the file at the time that the adoption was finalized.

I realize that the information I have requested may contain very sensitive and potentially negative information about my background. I also realize that some of the individuals participating in the creation of these records may have recorded observations of judgments about me, my birth parents and/or my adoptive family which I may feel are inaccurate, insensitive or hurtful. I request the non-identifying information at my own risk. I will hold Catholic Community Services and any of its employees harmless for any liability for the disclosure of the contents of my records to me. I have read or have had read and explained to me this paragraph and I fully understand it meaning and effect.

Birth Date of Adoptee: _____

Catholic Community Services Location: _____ Circle One
Seattle Tacoma Everett Bellingham Vancouver

Dated: this _____ day of _____, 20_____

Place:

Signature

Address

Telephone Number (Day) (Evening)

_____ signed or attested before me
this _____ day of _____, 20_____

Please complete and return this form with a check for \$150.00 payable to Catholic Community Services.
Send the form and check to:

Catholic Community Services
Adoption Services
100 23rd Avenue South
Seattle, WA 98144-2302

Upon receipt of the completed form and fee, we will order the file. We are usually able to review the file and provide the non-identifying background information within one week of receiving the file.

If you would like to discuss your request further or have questions, please feel free to contact me.

Sincerely,

Jim Legaz, MSW
206-328-5747
JimL@ccsww.org

Carol Ryan, MEd
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CarolRyan@ccsww.org