NOTICE OF FORM CHANGE NO. 13-021		DATE
		04/18/2013
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of Sc	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 508 (4/13) Reques	et For Rescission of Relinquishment	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
☐ New ☐ Revised ☐ A/13	REPLACES 11/12	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Perm UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	itted With Prior DSS Approval  OTHER:  INTERNET:  INTRANET:	☐ Recommended Form
	TION AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY  Use until exhausted	☐ Destroy	
USE NEW FORM  When supply available in DSS Warehouse	☐ Use new form effective	4/13
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No.  ☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
Form is now Master Only		

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.

AD 508 (4/13) Request For Rescission of Relinquishment

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.