

**NOTICE OF FORM CHANGE NO. 06-034**

DATE

03/13/2006

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 4328 (3/06) Authorization For Release Of Personal Items

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/06	REPLACES 3/99	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

## USE NEW FORM

When supply available in DSS Warehouse  Use new form effective 3/06

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

**FORM IS A MASTER ONLY**

Attached is a Reproducible Copy. Print 8 1/2 x 11.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# AUTHORIZATION FOR RELEASE OF PERSONAL ITEMS

### PLEASE NOTE:

This form must be witnessed by a representative of the California Department of Social Services (CDSS), a California adoption agency licensed by CDSS, or notarized. If the signing of this form is witnessed by a CDSS or adoption agency representative, some form of photo identification of the person signing must be obtained and noted "in Part B."

**DESIGNATE ONE:**

- I am the  Birth Parent  
 Adult Adoptee  
*(age 18 or older)*  
 Adoptive Parent  
*(on behalf of adoptee under the age of 18)*

**PART A. To be completed by person signing authorization.**

By signing this form, I hereby request the CDSS or the adoption agency to release the following items deposited by me

to: \_\_\_\_\_  
(NAME AND RELATIONSHIP OF PERSON THE ITEMS ARE TO BE RELEASED TO)

**DESCRIBE ITEMS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am fully aware that the CDSS or the adoption agency cannot release my name and/or address to the individual receiving the deposited item(s).

I understand that the above listed items have been deemed too valuable or bulky to be stored at the above-mentioned agency, and that I am responsible for the storage of the item(s), for keeping the above-mentioned agency informed of changes in the item(s) storage location, and for providing instructions as to how the item(s) may be retrieved.

\_\_\_\_\_  
(NAME AND ADDRESS OF STORAGE LOCATION)

SPECIAL INSTRUCTIONS FOR OBTAINING THE ITEM(S):

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE		DATE	
STREET ADDRESS	CITY	STATE	ZIP CODE
			TELEPHONE NUMBER
			( )

**PART B. To be completed by licensed adoption agency representative. If Part B or C is completed, do not complete Part D.**

SIGNATURE OF ADOPTION AGENCY REPRESENTATIVE		DATE	TELEPHONE NUMBER
			( )
AGENCY/DEPARTMENT NAME	ADDRESS		
OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN	IDENTIFICATION (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)		

**PART C.  Check if applicable. Notarized signature has been previously submitted to CDSS.****PART D. To be completed by a Notary Public only if Part B is not completed.**

State of \_\_\_\_\_ )  
\_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public,

personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of

NAME OF BIRTH PARENT/ADULT ADOPTEE/ADOPTIVE PARENT

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

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

Signature