



# CONSENT TO RELEASE Agency Transfers

Family Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

I give my consent to \_\_\_\_\_ to disclose information from my files to Agape Manor Home Child Placing Agency for the purpose of Transfer of License and/or Home Study to/from one Foster Care Agency to Another.

**Release From:**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release To:**

To: Agape Manor Home CPA  
8300 Bissonnet Suite 620  
Houston Texas 77074  
Attention: Abe Kureekottil  
713-333-8686 or Fax: 713-333-8688

I understand that information will be disclosed for the purpose(s) noted above, and that the information released will be limited to the following kinds of information.

- a. Compliance with Minimum Standards History
- b. Serious Incidents; abuse or neglect and/or complaint investigations
- c. Quarterly Evaluations
- d. Training records
- e. Home Study
- f. Home Inspections
- g. Debilitating medical and/or mental health concerns
- h. Other relevant information

This consent may be revoked at any time by notifying \_\_\_\_\_ in writing. It may also be revoked by specifying a date, time, event, or condition upon which your consent will expire (if so, please specify: \_\_\_\_\_). In any event, this consent will expire within 90 days of the date signed. My signature indicates that I understand the content of this form and that Agape Manor Homes has, in no way, solicited my interest in transferring my license and/or medical or mental health information to Agape Manor Homes.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date