



# St. Mary's Services

Maternity counseling and adoption agency

## Denial of Information Disclosure

Name: \_\_\_\_\_  
*First Middle Last Maiden(if applicable)*  
*Suffix*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, state that at this time, I am not willing to allow my identity or identifying information to be disclosed to those registrants eligible to learn my identity.

However, for those who would like to disclose their identifying information at my request,

- I am open to receiving their identifying information.
- I am not open to receiving their identifying information.

I understand this release will remain in effect indefinitely unless it is revoked or amended at my request. I understand that to change my decision, I must contact St. Mary's to execute an Information Exchange Denial or Information Exchange Authorization Release.

My name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
*(or name of person through whom I may be contacted)* *Area Code*

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

STATE OF \_\_\_\_\_ )  
 )  
 COUNTY OF \_\_\_\_\_ )

I, a Notary Public in and for the said County, in the State aforesaid, do hereby certify that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing Information Exchange Authorization Release, appeared before me in person and acknowledged that (she) (he) signed such certificate as (her) (his) free and voluntary act and that the statements made in the said certificate are true.

GIVEN under my hand and notarial seal this \_\_\_\_\_, day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 Notary Public