



# A Chosen Child Adoption Services

A SOUTH CAROLINA ADOPTION AGENCY AND NON-PROFIT CORPORATION

## REFERENCE RELEASE

I / We authorize the staff of A Chosen Child Adoption Services to contact the following persons in regard to serving as personal references for an Adoption Home Study / Pre-Placement Report. I / We attest that I / we have known these persons for at least one year and they are not family members.

1.	Name:	
	Address:	
	Phone Numbers:	

2.	Name:	
	Address:	
	Phone Numbers:	

3.	Name:	
	Address:	
	Phone Numbers:	

4.	Name:	
	Address:	
	Phone Numbers:	

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

\_\_\_\_\_  
Husband's Name

\_\_\_\_\_  
Wife's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date