CONFIDENTIAL AGREEMENT FOR ADOPTION TEAM MEETINGS AND INTERVIEWS

State Form 50718 (R2 / 7-18) / CW 0043
DEPARTMENT OF CHILD SERVICES

I, the undersigned, agree to maintain the confidentiality of any and all information officially released to me or otherwise received in accordance with federal and state law and rule pertaining to such information, in the best interest of Indiana's children.

Indiana Adoption Liaisons also need to sign.

Date *(month, day, year)*: _____

Printed Names	Signatures	Agencies / Titles