



**RELEASE OF LICENSING INFORMATION**

I/we \_\_\_\_\_  
(print your name)

authorize the Department for Children and Families; Residential Licensing and Special Investigations Unit to release any and all information from my foster care licensing and/or adoption history record to:

Wide Horizons For Children, Inc.  
391 Totten Pond Road, Suite 303  
Waltham, MA 02451

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**Please return this form to WHFC with your Packet B materials.**

WHFC will send to:

Residential Licensing & Special Investigations  
Department for Children and Families  
280 State Drive, HC 1 North  
Waterbury, Vermont 05671-1030