



2632 W Augusta Avenue
Phoenix, AZ 85051
Office: (602) 346-2300
Fax: (602) 346-2399

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

I hereby give permission for a mutual exchange of information between:

**Arizona Department of Economic Security
3221 N 16th Street, Suite #400
Phoenix, AZ 85016**

AND

**Arizona Baptist Children's Services
2632 W Augusta Avenue
Phoenix, AZ 85051**

regarding all foster parent records of:

Name: _____

Address: _____

Telephone Number: _____

Signature of person giving consent: _____

Date: _____