



OUR CHILDREN'S KEEPER Foster Family Agency

P.O. Box 276372
Sacramento, CA 95827
(916) 486-1737
(916) 486-1739

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AUTHORIZATION TO RELEASE HOME INSURANCE POLICY INFORMATION

Name Insured (S): _____ Address: _____

I /WE request and authorize _____ to
release any requested information on my home policy # _____ to:

OUR CHILDREN'S KEEPER FOSTER FAMILY AGENCY

This authorization is valid until revoked in writing.

Signature: _____ Date Signed: _____

Signature: _____ Date Signed: _____