



KEMP COUNSELING AND CONSULTING SERVICES
Northeast Florida Adoption Support
Dr. Shawna Kemp Haley, Ed.D, LCSW
Carissa Heck, MSW, LCSW

SEXUAL OFFENDER REGISTRY CONSENT

I hereby authorize Kemp Counseling and Consulting Services and its affiliates (Northeast Florida Adoption Support) to review the Florida's Sexual Offenders Registry with the intent of including the results of this background investigation into my adoption home study report.

Adoptive Father: _____
Last First Middle

Adoptive Father's Signature Date

Adoptive Mother: _____
Last First Middle

Adoptive Mother's Signature Date

Home Address: _____
Street Apt No.

City State Zip Code County

Others in the home over 18 years of age:

1) _____
Last First Middle

Signature Date

2) _____
Last First Middle

Signature Date