The Center for Family Resolution, LLC

Authorization for Release of Information

I, _____, hereby authorize Amy Armstrong serving in the role of (circle one): Therapist Coach Parenting Coordinator Mediator to communicate information related to matters involved in my case with the persons listed below:

Name(s):	Relationship:	Contact Information:

I understand that at any time I may contact Amy Armstrong at 614-208-8383 and amend this release.

_____ _____

Printed name Signature

_____

Date Signed

_____ _____

Printed name Signature

_____

Date Signed