



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.

Which professionals will you be working with?

Amy Armstrong

Mary T. Johnson

TBD

Wendi Stern

Deborah Frazier

Printed name

Signature

Date Signed

Printed name

Signature

Date Signed