

*Jill Cantor Lee
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AUTHORIZATION TO RELEASE OF INFORMATION

TO: _____

By signing below, I give my permission for mediator Jill Cantor Lee and Amani Mediation and Counseling, LLC, to contact the following agencies, caseworkers, therapists or attorneys in order to gain and/or exchange information that may be helpful in designing an appropriate mediation intervention in order to promote a non-adversarial resolution of my dispute.

Signature Date

Print Name

Address City State Zip

Mediator's Name Date

Contact Number