

RELEASE OF INFORMATION

I hereby grant _____, **Parent Coordinator, contracted with the Vermont Family Court Mediation Program** permission to discuss with any person, professional or agency whose opinions and information may be relevant to my child(ren)'s well-being. These matters may involve issues relating to Parent-Child contact arrangements involving my child(ren) and issues pertaining to the well –being of my child(ren).

print child's name _____ date of birth _____

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Parent's name (print) _____

Signature _____ date _____

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