



The Mediation Center
Finding common ground.

**Family Visitation Program
Information Release**

I authorize FVP to release information about my case, including participation in services, cancellations, my contact information, case history and observation notes to the people or agencies listed below.

Please note: Records subpoenaed by the court or requested by the Department of Social Services in conjunction with an open investigation will be released with or without your consent.

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Parent Signature: _____
(N. French Broad Ave. parent Carter St. parent)

Date: _____

Parent Signature: _____

Date: _____

Family Visitation Program Information Release, cont.

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Name:			
Address:		Relationship :	
		Phone :	
Notes:		Fax :	

Parent Signature: _____
 N. French Broad Ave. parent Carter St. parent

Date: _____

Parent Signature: _____

Date: _____