

CONSENT TO RELEASE OR OBTAIN INFORMATION

I/We, (print names) _____,
give consent to Mary Lund, Ph.D. or Angus Strachan, Ph.D. (circle as
appropriate), licensed clinical psychologist and Mediator, to obtain
and release information about (circle as appropriate) myself,
ourselves, my, daughter, my son:

(name/s of child/ren) _____

to and from the following person:

name _____

title _____

address _____

phone _____

email _____.

This information is to be used for the purpose of assessment and
liaison for the mediation process.

Photocopies of this form are valid consent.

Signed _____

Name _____

Date _____