AUTHORIZATION OF REPRESENTATION
for Arbitration

BYU Center for Conflict Resolution

We, the undersigned, hereby authorize:

_____

_____

_____

to act as our personal representative(s) in all matters pertaining to the arbitration case of

_____ vs. _____

BYU CCR Case No. _____

We agree that the representative(s) listed above are authorized to perform any duties, actions, or procedures or enter into any agreements or make any statements on our behalf relative to the arbitration process of the above case and that we shall be bound by their actions, including any liabilities, costs, or arbitration decisions or awards in connection herewith.

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Signature Name (printed) Date

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Submit to: BYU Center for Conflict Resolution, 4412 WSC, Brigham Young University, Provo, Utah 84602-7933
Phone: 801-422-5068 Fax: 801-422-0992 Email: ccr@byu.edu