

Manifesting Your Mandala Through The Akashic Records

The Akashic Record is the past, present, and future knowledge of all things. It is the recording of the Soul's journey since inception, as well as the possibilities of its unfoldment in the future. Referred to in virtually every ancient spiritual teaching, it is known in the Bible as The Book of Life. An Akashic Record Consultation consists of opening up the record of one's Soul and allowing the information from this profound spiritual level to come forward. Perceptions and insights from this deep spiritual perspective will support you in your life right now.

We will be working with the Light for the Highest Good of All Concerned. We surrender to the Divine Spirit for all direction. I open myself to the information available from your Records and allow myself to look and to anchor on paper in color, form and shape that which comes directly to me. To an extent, your openness determines how much Light in the nature of color is manifested and what Spirit can bring forward.

Please remember that all counsel and healing brought forward through the Mandala is presented in order to assist you with your own consciousness. We are working with a non-verbal form of Spiritual exploration. You may choose to share this experience with others. You are responsible for the results of their receiving the information as it is interpreted by you.

I do my best to relay what I am given to the best of my ability, presenting you with all that is conveyed to me during the time your *Mandala* is constructed through your and my Records in confidentiality. It will be supportive if you understand that no matter what you view visually, you are responsible for reviewing and perceiving the Mandala in the context of your own life. Please consider the overall impact of your personal *Mandala* as we allow Spirit to move through our path. You may feel the effect immediately or after months, or both.

Please sign below to indicate that you acknowledge this letter as written. I request that you sign your name as it appears currently on your legal documents.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phones _____

Mail to Dr. Jane Libby, P.O. Box 5867, Youngstown, Ohio 44504 USA
or
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