

AKASHIC RECORD CONSULTATION RELEASE FORM

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. Specifics about past lives may or may not be relevant. What is generally valuable is guidance as to how to work thorough patterns present in one's current life and opportunities for growth and direction.

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 say that which comes directly to me. We work with your questions, so it is important to prepare yourself by reflecting on your current life circumstances and where you would like greater clarity. Your openness determines to a large extent what happens during the session and what Spirit can bring forward.

Please remember that all counsel and healing given in the session is presented in order to assist you with your own consciousness. You may choose to share this experience with others. You are responsible for the results of their receiving the information as it is recounted or 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 **Akashic Record** Consultation in confidentiality. It will be supportive if you understand that no matter what I say, you are responsible for reviewing the session in the context of your own life. Please consider the overall impact of our moments together 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.

SIGNATURE _____ **APPOINTMENT DATE** _____
NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
TELEPHONE () _____ **(H)** () _____ **(W)** _____
FAX() _____ **E-MAIL** _____

For telephone consultations please
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