## **AKASHIC RECORD CONSULTATION CONSENT**

## 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 Reading consists of opening up the record of your Soul and allowing that information to come forward. This information 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 through patterns that are 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 are open to the Holy Spirit for guidance, direction and information. 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. You might 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 information given in the session is presented in order to assist you with your own consciousness. You may choose to share the information with others. You are responsible for the results of their receiving the information.

I do my best to relay what I am given to the best of my ability and present you with the information. It will be supportive if you understand that no matter what I say, you are responsible for checking out the information through your own experience.

Remember, the blessings already are present. Let’s us have our coming together be a process of claiming and bringing the blessings into even greater manifestation.

Please sign below to indicate that you acknowledge this letter as written.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Please return this form to me by email and process with payment prior to the consultation.