**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Admissions

(print name here)

Coordinator or Training Coordinator of the Memphis-Atlanta Jungian Seminar (MAJS) to contact a representative of the training institutions noted below where I have received Jungian analytic or psychoanalytic training.

List each Seminar, Institute, or Training Program along with the dates of your training, Director of Training, address, e-mail address, and phone contact information here:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Authorization shall be used solely for the purpose of aiding in determining the applicant’s appropriateness for acceptance into the MAJS by documenting the applicant’s history of training and confirming he/she completed such training and/or left in good standing. This Authorization shall remain in effect for two years from the date below.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_