



STUDENT CONSENT FORM For Release of Information

I, _____ Student
(PLEASE PRINT FIRST, MIDDLE & LAST NAME)

hereby grant my permission to Sonya Shannon Visionary Art to publish, publicize, and create derivative works based upon the attached assignments, information and testimonial about my experience as a student of the Transformation Oracle Workshops and Reader Certification process.

I understand that this information, including my name, may be used on the website, in publications and advertisements related to the Transformation Oracle, in social and traditional media, marketing, and other communication strategies and derivative works, to internal and external audiences. I hereby agree that Sonya Shannon Visionary Art is under no obligation to utilize my materials for which I grant permission. In making my final submission, I waive my right to examine, approve, or inspect the content of Sonya Shannon Visionary Art or any of its media, communications and products. I will retain copyright on any materials produced by me as described above (assignments, testimonials, writings), and I retain freedom to use and publish my own words on my own website, books, marketing and other communications materials.

I hereby grant permission to publish: *(please check all that apply)*

- My Personal Transformation Story
- Element Balancing Reading
- Spread of My Choice Reading
- Research & Documentation

I also understand that my permission is limited to the attached information and does not represent broad authorization to publicize additional information about my experience with the Transformation Oracle Workshops and Reader Certification process.

Please credit me as: Full Name (as above) First Name & Last Initial
 Stage Name / Pseudonym

Student Signature:

Date:



MY CERTIFIED READER WEB PAGE FORM

Name - Please write the name you wish to use professionally

Business Name - Please state, if different from your name

Services Offered Please list the services you offer – e.g. Empath, intuitive, psychic, reiki, etc.

CONTACT INFO - Please list *ONLY* what you want to appear on the website
(how you want to be contacted or followed – e.g. Phone, Address for Readings, Website, FB page)

BRIEF BIO or STATEMENT -1-2 sentences – what you're known for / unique reader qualities

TESTIMONIAL -1-2 sentences – what you like/love about the Transformation Oracle, the Weekend Intensive Workshops and being a Certified Reader



CERTIFICATION CHECKLIST

Please submit the following to contact@sonya-shannon.com.

- Student Consent form for Release of Information, Signed & Dated
- My Certified Reader Web Page Form, Completed
- Head Shot / Photo** – at least 300x300 pixels, JPG format
- Company Logo, (if Applicable) – JPG format