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**GRADY CENTER FOR SPIRITUAL CARE AND EDUCATION (GCSCE)**

**80 Jesse Hill Jr. Dr. SE**

**Atlanta, GA 30303**

**ASSOCIATION OF CLINICAL PASTORAL EDUCATION**

**SOUTHEAST REGION**

## RELEASE OF SUPERVISOR’S EVALUATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize The Center to release my final supervisor’s evaluation of my unit of Clinical Pastoral Education at the Grady Center for Spiritual Care and Education (GCSCE). This unit was completed at the same CPE Center under the supervision of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

That evaluation is to be released only to name/address cited below, together with notification of my certification and/or grade, if so required.

Please send the above-mentioned document to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Approval Date