

**CLINICAL PASTORAL EDUCATION RELEASE FORM
DIOCESE OF EAST TENNESSEE**



I permit and request that the final evaluation, summary, and supervisor comments from my Clinical Pastoral Education term are released and sent to the bishop of East Tennessee soon after the completion of my CPE experience.

Signed: _____

Date: _____

Please send my evaluation to:

The Rt. Rev. Charles vonRosenberg
Diocese of East Tennessee
814 Episcopal School Way
Knoxville, TN 37932