



Archives and Museum

10425 99 Ave Edmonton AB T5K 0E5 | Phone 780.422.1970, Fax 780.426.0192, Email archivesmuseum@epsb.ca

RELEASE OF RECORD

Record requested _____ Date of request _____

Legal surname _____ First name _____ Second name _____

Other names under which information may be recorded _____

Date of birth _____ day/month/year

Authorization to release a copy of the above named record

I declare myself entitled to receive the said copy for the following reason:

- I am the individual in the record.
- I have been authorized in writing by the individual named in the record, and a copy of this written authorization is attached.
- I have the legal authority to authorize release of the record, pursuant to a court order, a certified copy of which has been furnished with my request for the record.

Printed name of authority _____

Signature of authority _____ Date _____

The record should be mailed to picked up by faxed to

Name _____ Organization _____

Address _____ Postal code _____

Phone number _____ Fax number _____

Please return completed form to EPS Archives and Museum

For EPS use only

A certified true copy of the information requested has been forwarded.

Signature of EPSAM representative _____ Date _____