



# 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 have provided a copy of a legal, government issued photo identification of all applicable parties.

Choose form(s) of identification:  Drivers Identification  Passport  Provincial issued Identification

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.
- Family member (surviving spouse, interdependent partner or relative of a deceased individual)

Printed name of authority \_\_\_\_\_

Signature of authority \_\_\_\_\_ Date \_\_\_\_\_

The record should be  mailed to  picked up by  faxed to  emailed to

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_ 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, including government issued identification.

Signature of EPSAM representative \_\_\_\_\_ Date \_\_\_\_\_