

Date: 24/11/25

Medical Authorisation Mandate – Redress Scotland

Client Full Name: ALAN HOWARD GRAHAM

Date of Birth: 17/07/68

Current Address: 10 RESIDENTIAL, LINKS ROAD, EDINBURGH
EH32 0QF

Name of GP Practice/Health board/ Hospital:

PORT SETON MEDICAL PRACTICE, LINKS ROAD EDINBURGH

Address of GP Practice/Health board/ Hospital:

AS ABOVE

Subject: Authorisation to Release Medical Records – Redress Scotland Application

I, the undersigned, hereby authorise the release of my medical records to my legal representative **Aiker Legal Limited** for the purpose of supporting my application to Redress Scotland under the Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021.

I consent to the release of:

- GP records, hospital records, and mental health notes
- Documentation referencing trauma, abuse, neglect, or care placements
- Records from approximately [Insert Date Range, e.g., 1975–1995]
- Any correspondence with social work, residential care staff, or Children’s Hearings (if held in your files)

Please send the records to:

Aiker Legal Limited
Raymond Baker
support@aikerlegal.org or DSAR-ATMR@aikerlegal.org

I understand that these records may contain sensitive information and give full consent for their release for the purpose stated above. This authorisation remains valid for 12 months from the date of signing unless revoked in writing.

Signed: 

Print Name: ALAN HOWARD GRAHAM

Date: 24/11/25