

Date: 9/12/2025**Medical Authorisation Mandate – Redress Scotland**Client Full Name: Edward Peter Campbell DillonDate of Birth: Dec 14th 1962Current Address: 5 Den Hill Drive Springhead Oldham OL4 4NR

Name of GP Practice/Health board/ Hospital: _____

Hilltop Surgery - Fitton Hill Neighbourhood Centre, Fircroft Rd, Oldham OL8 2QD, United Kingdom

Address of GP Practice/Health board/ Hospital: _____

Hilltop Surgery - Fitton Hill Neighbourhood Centre, Fircroft Rd, Oldham OL8 2QD, United Kingdom

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: *Edward Dillon*Print Name: Edward Peter Campbell DillonDate: 9/12/2025 +44 (0) 203 004 6549support@aikerlegal.orgwww.aikerlegal.org

Unit 4 Edison Court, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YT

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