

Date: 12/12/2025

Medical Authorisation Mandate – Redress Scotland

Client Full Name: William Larkin

Date of Birth: Sep 8th 1974

Current Address: 1/1 5 Morven Avenue, Glenburn, Paisley, PA2 8DS

Name of GP Practice/Health board/ Hospital: _____

Greenlaw medical practice, Northcroft Medical Centre, 2-4 N Croft St, Paisley PA3 4AD,
United Kingdom

Address of GP Practice/Health board/ Hospital: _____

Greenlaw medical practice, Northcroft Medical Centre, 2-4 N Croft St, Paisley PA3 4AD,
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: 

Print Name: William Larkin

Date: 12/12/2025

 +44 (0) 203 004 6549

support@aikerlegal.org

www.aikerlegal.org

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