

Date: 4-6-26

Medical Authorisation Mandate – Redress Scotland

Client Full Name: DAVID GARDEN GRIEVE

Date of Birth: 21 8 1963

Current Address: 12 CRAWLEY CROSS KY15 5SF CUPAR

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 any specified date
- Any correspondence with social work, residential care staff, or Children’s Hearings (if held in your files)

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.

Print Name: DAVID GRIEVE

Client Signature: D GRIEVE

Date: 6 4 2026