****

**ELIADA HOMES RECORDS REQUEST**

 ***Please note that this form must be notarized before your request can be processed.***

|  |  |
| --- | --- |
| Today’s Date: |  |
|  |  |
| **To:** | Eliada Homes, Inc. |
|  | 2 Compton Drive |
|  | Asheville, North Carolina 28816 |
|  |
| **RE:**  | Eliada Home Records Request |
|  |
| **Please check one (1) of the following:** |
| [ ]  I am **an Alumnus** of Eliada Homes. I am requesting copies of all records relating to my stay at Eliada Homes  |
| from |  | to |  |
|  |
| Records will be in the name of:  |  |
|  |
| Alternative names or spellings: |  |
|  |
| [ ]  I am a **relative of an Alumnus** of Eliada Homes. I am requesting copies of all records for my relative(s). Attached is a copy of the Death Certificate for my relative(s). If you are requesting for a biological parent, please also attach a copy of your birth certificate. |
|  |
| Records will be in the name of:  |  |
|  |
| Alternative names or spellings: |  |
|  |  |
| My relationship to this person: |  |
|  |  |
| Dates of stay at Eliada:  |
| from |  | to |  |

|  |
| --- |
| I hereby release Eliada Homes, Inc. and Eliada Foundation, Inc. from any and all liability that might arise from the release of these records: |
|  |
| Signature: |  |
|  |
| Printed Name:  |  |
|  |  |
| Full Address:  |  |
|  |
| Phone Number: |  |
|  |
| Email Address: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eliada Horizontal Color.jpg |
| **State**  |  |  |
| **County**  |  |  |
|  |
| I,  |  | a Notary Public of said State and County, do hereby  |
|  |
| certify that  |  | personally appeared before me this day and |
| acknowledged the request of this information. |
|  |
| WITNESS my hand and Notary Seal, this  |  | day of |  | 20 |  |
|  |
|  |
| Notary Signature  |  | My commission expires: |  |
|  |
| Notary Public |
|  SEAL |