**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. | | | | | | |
|  | | | | | | |
| 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: | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| **State of** | |  | | | | | |  | | | | | | |
| **County of** | |  | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |

