SALT LAKE CITY
INTERNATIONAL AIRPORT

GRAMA – Subject of the Record Release Form

Salt Lake City Department of Airports
Attn: GRAMA Coordinator
776 N. Terminal Dr.
P.O. Box 145550
Salt Lake City, UT 84114-5550
Phone: (801) 575-2926 Fax: (801) 575-2041

I, _____

(PRINT – Name of individual authorizing release)

Authorize Salt Lake City Corporation to release the following information (description of records or documents):

_____

_____

_____

To: _____

(Name of individual receiving the record)

_____ I am the subject of the record.

_____ I am the legal representative of the subject of the record. (Documentation attached)

I understand that these records are restricted under state privacy laws and cannot be disclosed without my written consent. A notarized release shall not be dated more than ninety (90) days before the request is made.

_____

(Signature of individual authorizing release)

Executed this _____ day of _____, 20__.

State of _____)
) ss.
County of _____)

Subscribed and sworn to me this ____ day of _____, 20__, by

_____, known by me to be the person named above.

_____
NOTARY PUBLIC, residing in the State of
_____.

My Commission Expires:_____