

We are available to support you through this request. We encourage you to contact us if you have any questions or need help filling out the form.

Call: (902) 424-2755 or 1-833-424-2755

Email: disclosureprogram@novascotia.ca

Please note that your request will be collected, however, it will not be in effect until **full proclamation of An Act to Open Adoption Records in Nova Scotia**.

Please read this section very carefully as it contains important information for this request

- A Contact Notice states the level and type of contact you want from other parties. If you file a Contact Notice, you agree to the Disclosure Program releasing your name and other information about you to other parties including birth siblings and relatives. These parties will be asked to sign an agreement that they will follow your contact preferences as noted in your Contact Notice.
- If you are an adopted person 19 years of age or older, or a birth parent you can file a Contact Notice. Birth parents and potential birth parents who want to file a Contact Notice for more than one birth child placed for adoption must make a copy of, and complete Section 3 and Section 4 of this form - "Birth and Adoption Information" and "Contact preferences" - for each child.
- If you cancel a Contact Notice, your identifying information will be released to other parties to an adoption (e.g. birth parents, adopted person, etc.), if requested. You can submit a request to cancel a Contact Notice at any time to the Disclosure Program.
- You can replace a Contact Notice at any time by submitting a new request stating the type and level of contact you want from each party to an adoption. The new Contact Notice will replace the existing Contact Notice (and preferences) on record.
- You may provide current family medical, social and cultural information which the Disclosure Program may share with other individuals.
- If your information has already been released to a party to an adoption, you will not be able to file a Contact Notice for that party. You will be able to file a Contact Notice for other parties to whom your information has not yet been released.
- The Disclosure Program may contact you if there are health, safety or well-being concerns for other parties. You may also be contacted if you are named as a beneficiary in a will or needed for other estate-related matters.

Instructions

- When submitting this form, please provide a clear **copy of two pieces** of current government-issued identification (e.g. Driver's license, provincial ID card, Certificate of Indian Status (Status Card), international passport, Canadian military identification, NEXUS card, Nova Scotia Health Card, etc.). One must be a photo identification.
- Birth parents and potential birth parents who want to file a Contact Notice for more than one birth child placed for adoption must make a copy of, and complete Section 3 and 4 of this form - "Birth and Adoption Information" and "Contact preferences" for each birth child.
- If you are a representative submitting this request on behalf of a party to an adoption who does not have capacity under the *Adult Capacity Decision Making Act*, you must complete information about yourself and the person you are representing in Section 2 of this form. You must include a copy of the court order granted under the *Adult Capacity Decision Making Act* as proof you are allowed to act as the person's representative. Contact us if you are not sure what this is.
- Complete all mandatory sections. These are indicated with the asterisk sign ******.
- Complete the Declaration Section on page 14 with your signature and the date.
- On page 2, tell us how you prefer to be contacted when there are updates to your request.
- Print information clearly in ink.
- It is your responsibility to notify us if you change your name, telephone number(s) and/or address.

1 Contact notice type ******

- File a Contact Notice Cancel a Contact Notice (that was previously filed) Replace a Contact Notice (that was previously filed)

You may state the reasons for filing / canceling / replacing a Contact Notice if you wish. This may be shared with other parties to an adoption seeking information from the adoption record to help them understand why you are filing / canceling / replacing a Contact Notice

2 Provide your personal information **

I am the/a/an:

- Adopted person
 Birth parent
 Potential birth parent

I am a representative of the/a/an:

- Adopted person
 Birth parent
 Potential birth parent

- **If you are an adopted person or a birth/potential birth parent**, provide your name and contact details in the "**Personal information**" and "**Contact details**" sections below.

- **If you are a representative**, provide the information about the person you are representing in the "**Personal information**" and "**Contact details**" sections below. Provide your name and contact details in the "**Representative section**" on the following page.

Personal information

Current surname: _____ First name: _____

Middle name: _____ Previous name (if applicable): _____

Also known as/ Preferred Name (if applicable): _____

Preferred pronouns

- She, her, hers He, him, his They, them, theirs Ze, zir
 I use different pronouns (please specify) _____

Contact details

We may contact you to confirm receipt of your request, get additional information from you, or to notify you of updates to your request. Indicate your preference for contact in the spaces provided below.

Apartment number: _____ Street number and name: _____ City/Town: _____

Province/State: _____ Country: _____ Postal/Zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

- My mailing address is the same as my address above.

If it is not the same, please provide your mailing address below:

Apartment number: _____ Street number and name: _____ City/Town: _____

Province/State: _____ Country: _____ Postal/Zip code: _____

My preference for contact from the Disclosure Program:

This should be where you are most comfortable discussing this request.

- No preference
 Phone (specify) _____ Permission to leave message
 Mail
 Email

If your preference includes communication via **email**, please review the information below about the risks of using email for communication and indicate your permission to share information regarding this request via email in the check box provided.

- The security and confidentiality of email messages is not guaranteed as we cannot guarantee the security of third-party e-mail service providers, like Yahoo or Google. Unauthorized individuals may be able to access, read and possibly modify any email you are sent by Community Services.
- Email may mistakenly be sent to the wrong email address or to the wrong person.
- Employers may monitor work email sent or received by their system. By doing so your privacy could be breached by an employer inadvertently viewing personal information.
- If you share a device (phone or tablet) or email address, the person you share with may be able to see your information. Shared family email accounts can jeopardize confidentiality.

I understand the risks and agree that email can be used to send information to me

Provide any additional information regarding your preference for contact from the Disclosure Program e.g. other contact information (if different from what is provided above), preferred time of the day or day of the week for contact, etc. **Note:** The Disclosure Program is **only available from Monday to Friday between 8:30am and 4:30pm.**

For representatives: Provide your information below:

Current surname: _____ First name: _____

Contact details

We may contact you to confirm receipt of your request, get additional information from you, or to notify you of updates to your request.

Apartment number: _____ Street number and name: _____ City/Town: _____

Province State: _____ Country: _____ Postal/Zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

3 Birth and adoption information

If known, complete all information in this section

Adopted person:

Full birth name: _____ Date of birth (yyyy/mm/dd): _____

Place of birth: _____ Sex / sex indicator at birth: Male Female Unknown

Birth registration number (from birth certificate): _____ Date or year of adoption (yyyy-mm-dd): _____

Place of adoption: _____

Birth parents: Please provide any additional information you remember about the adoption (e.g. the name of the social worker)

Parent's information at time of adoption

Birth parent's full name: _____ Other birth parent's full name: _____

Birth parent's date of birth (yyyy/mm/dd): _____ Other birth parent's date of birth (yyyy/mm/dd): _____

Adoptive parent's full name: _____ Other adoptive parent's full name: _____

Adoptive parent's date of birth (yyyy/mm/dd): _____ Other adoptive parent's date of birth (yyyy/mm/dd): _____

4 Contact preferences **

Indicate which persons you want to contact you and the type of contact you want:

- | | |
|---|--|
| <input type="checkbox"/> Adopted person | <input type="checkbox"/> I do not want contact |
| | <input type="checkbox"/> By phone at _____ |
| | <input type="checkbox"/> By email at _____ |
| | <input type="checkbox"/> In person |
| | <input type="checkbox"/> Other means _____ |
| | <input type="checkbox"/> Other information |

Please specify in the text box below if you have specific contact preferences for this person

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Birth parent | <input type="checkbox"/> I do not want contact |
| | <input type="checkbox"/> By phone at _____ |
| | <input type="checkbox"/> By email at _____ |
| | <input type="checkbox"/> In person |
| | <input type="checkbox"/> Other means _____ |
| | <input type="checkbox"/> Other information |

Please specify in the text box below if you have specific contact preferences for this person

- | | |
|---|--|
| <input type="checkbox"/> Other birth parent | <input type="checkbox"/> I do not want contact |
| | <input type="checkbox"/> By phone at _____ |
| | <input type="checkbox"/> By email at _____ |
| | <input type="checkbox"/> In person |
| | <input type="checkbox"/> Other means _____ |
| | <input type="checkbox"/> Other information |

Please specify in the text box below if you have specific contact preferences for this person

- | | |
|---|--|
| <input type="checkbox"/> Potential birth parent | <input type="checkbox"/> I do not want contact |
| | <input type="checkbox"/> By phone at _____ |
| | <input type="checkbox"/> By email at _____ |
| | <input type="checkbox"/> In person |
| | <input type="checkbox"/> Other means _____ |
| | <input type="checkbox"/> Other information |

Please specify in the text box below if you have specific contact preferences for this person

- Birth sibling
- I do not want contact
- By phone at _____
- By email at _____
- In person _____
- Other means _____
- Other information _____

Please specify in the text box below if you have specific contact preferences for this person

- Relatives
- I do not want contact
- By phone at _____
- By email at _____
- In person _____
- Other means _____
- Other information _____

Please specify in the text box below if you have specific contact preferences for this person

5 Medical history, social and cultural information (optional)

Please note questions on pages 6 - 14 are optional. If you do not wish to provide this information, proceed to Section 6 - Declaration.

I am voluntarily providing my current family medical, social and background information including written statements (if any).

The information included in this section may be provided by the Disclosure Program to other parties to an adoption who apply for information from the adoption record. In case of a medical emergency you may be contacted.

Guidance on information that you may wish to provide: Typically, parties want current family medical, social and cultural information. Parties also find it meaningful to learn about your interests / hobbies and occupation, and those of other relatives.

If you would prefer to complete this section with the assistance of a staff from the Disclosure Program, complete your contact preference in Section 2 on page 2 of this form and someone will reach out to you.

Medical History

Information about myself and birth family members

For adopted persons: Complete this section with information about yourself ONLY

For birth/potential birth parents: Complete this section with information about yourself and other birth family members

When completing this sections check off all the applicable boxes and provide detailed explanations in the space provided

Medical issue with examples	Describe the condition	Who experienced the issue in your family	Age of onset	Severity of condition	What treatment was received
Birth defects (cleft lip/palate, clubfoot, heart defect, cerebral palsy, Down syndrome)					
Bone/muscle disorders (arthritis/rheumatism, osteoporosis, knee/hip disorder, scoliosis, spina bifida, muscular dystrophy, lupus)					
Breast history (cancer, lumpectomy, mastectomy, fibrocystic)					
Cancer (types and treatments, part of body)					
Dental issues					
Developmental delays (type, diagnosis, hospitalization, type/level of education, medication used)					
Diabetes (type 1, type 2, age at onset, medications used)					

Medical issue with examples	Describe the condition	Who experienced the issue in your family	Age of onset	Severity of condition	What treatment was received
Gastrointestinal issues (colitis, Crohn's disease, irritable bowel syndrome, gastritis, ulcers, acid reflux)					
Heart and blood conditions (aneurysm, varicose veins, heart murmur, high blood pressure, stroke, heart attack, heart disease, blockages/clotting issues, angina, phlebitis, anemia, cholesterol problems)					
Hereditary diseases/disorders (hemophilia, thyroid disorders, galactosemia, Huntington's disease, sickle cell anemia)					
Lung disease (type)					
Mental health issues (depression, bipolar depression, anxiety disorders, schizophrenia and other psychotic disorders, personality disorders, eating disorders, OCD, learning disability)					
Neurological disorders (Lou Gehrig's disease /ALS, muscular dystrophy, multiple sclerosis, cerebral palsy, Parkinson's disease, Alzheimer's disease/dementia, epilepsy/seizures, Tay Sachs disease, Tourette syndrome, autism spectrum disorder, attention deficit hyperactivity disorder)					
Reproductive health issues (cervical cancer, ovarian cancer, endometriosis, polycystic ovarian syndrome, yeast infections, genital warts, menstrual disorders, erectile dysfunction, prostate gland disorders, prostate cancer, cryptorchidism, benign prostatic hypertrophy)					
Respiratory system conditions (allergies, hay fever, asthma, sinusitis, tuberculosis, emphysema, cystic fibrosis)					

Medical issue with examples	Describe the condition	Who experienced the issue in your family	Age of onset	Severity of condition	What treatment was received
Rheumatic Fever (heart murmur)					
Sense organ disorders (blindness, near/far sighted, astigmatism, wears glasses/contacts, color/night blindness, glaucoma, cataracts, deafness, hard of hearing, ear infections)					
Sexually transmitted infections (gonorrhea, syphilis, herpes, HIV, AIDs)					
Skin conditions (acne, warts, psoriasis, eczema, baldness)					
Sudden Infant Death Syndrome					
Urinary conditions (kidney disease, bladder infections, gout, kidney stones, liver disorders, pancreatic disorders)					
Drugs (prescription, non-prescription, Tobacco, alcohol)					
Surgery					
Other					

Information about menstrual and pregnancy history of birth parent

Complete this section if you are a birth/potential birth parent with all the information that you know or recall

Provide a general menstrual and pregnancy history (age of first menstruation, post-partum depression/anxiety, number of pregnancies)

Provide the pregnancy and delivery history for the birth child that was placed for adoption, including any doctor or hospital details (time of birth, full-term, age at pregnancy, pre-natal care, complications, single birth/multiple births, duration of labor, natural/caesarean delivery, forceps, biological parent's blood type, mother's RH factor).

Medical conditions during pregnancy with child birth (German measles, sexually transmitted diseases, virus, toxemia, infections, accidents, anemic, diabetic)

Additional medical information

Use the space below, or attach an additional documentation to this request, with more detailed information that can be recalled and that has not yet been captured about the medical history of biological family members.

Personal information

Physical appearance

Describe yourself. Examples: height, hair color, eye color, age, etc.

Interests / Hobbies

What are you interested in, what are your hobbies? Examples: poetry, food, music / singing, sports, history, politics, animals, travel, reading, hiking, knitting, taking walks, puzzles, video games, etc.

Occupation

What do you do? Examples: tradesperson (e.g. electrician, plumber, construction worker), farmer, hair stylist, schoolteacher, lawyer, health care worker, stay-at-home parent, etc.

Language, religion and heritage

What is your primary spoken languages?

- American Sign Language (ASL, LSQ, IS)
- Arabic
- Cantonese
- English
- French
- Gaelic
- Japanese
- Korean
- Mandarin
- Mi'kmawí'simk (Mi'kmaq)
- Tagalog
- Urdu
- Spanish
- I speak another primary language (please specify) _____

Do you speak other languages?

- American Sign Language (ASL, LSQ, IS)
- Arabic
- Cantonese
- English
- French
- Gaelic
- Japanese
- Korean
- Mandarin
- Mi'kmawí'simk (Mi'kmaq)
- Tagalog
- Urdu
- Spanish
- I speak another language (please specify) _____

Do you identify with a specific religion / spirituality? Check all that apply

- I do not
- Buddhism
- Christianity
- Hinduism
- Indigenous Spirituality
- Islam
- Judaism
- Sikhism
- Prefer not to say
- I affiliate with another religion / spirituality (please specify) _____

Indicate your denomination (if applicable), or other information in the space provided below:

Do you identify as an Indigenous person? Check all that apply

- I do not Yes, First Nations Yes, Métis Yes, Inuk/Inuit Yes, Mi'kmaq Prefer not to say
 Another Indigenous identity (please specify) _____

Indicate your band (if applicable), if you live on reserve, and any other information about your Indigenous origins below:

Do you have First Nations Status?

- Yes
 No
 Prefer not to say
 I do not know
 Waiting for status approval
 Eligible for status but do not have or unable to apply at this time

Racial Identity

We acknowledge that race is a social construct. Please select which of the following best describes how you identify? Check all that apply

- Black / African Descent East Asian
 Indigenous (First Nations, Métis, Inuk/Inuit) Latino
 Middle Eastern South Asian
 Southeast Asian White / European Descent
 I do not know I identify differently (please specify) _____
 Prefer not to say

Indicate your country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about your racial identity you wish to share:

It is important to recognize the historic communities in Nova Scotia. Do you identify as a member of a Heritage Group of Nova Scotia? Check all that apply

- No, I do not
 Yes, Acadian
 Yes, African Nova Scotian
 Yes, Gaelic
 Yes, Mi'kmaq
 I do not know
 Prefer not to say

Please provide any additional information about your local identity you wish to share

Information about birth parents and other birth family members

Complete this section if you are a birth / potential birth parent

Which of the following best describes how other birth family members identify? Check all that apply

Other birth parent (if you are a birth parent)

Which of the following best describes how they identify? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Black / African Descent | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White / European Descent |
| <input type="checkbox"/> I do not know | <input type="checkbox"/> Another racial identity (please specify) _____ |
| <input type="checkbox"/> Prefer not to say | |

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

Your birth parent

Which of the following best describes how they identify? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Black / African Descent | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White / European Descent |
| <input type="checkbox"/> I do not know | <input type="checkbox"/> Another racial identity (please specify) _____ |
| <input type="checkbox"/> Prefer not to say | |

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

Your other birth parent

Which of the following best describes how they identify? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Black / African Descent | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White / European Descent |
| <input type="checkbox"/> I do not know | <input type="checkbox"/> Another racial identity (please specify) _____ |
| <input type="checkbox"/> Prefer not to say | |

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

Your maternal grandparent

Which of the following best describes how they identify? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Black / African Descent | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White / European Descent |
| <input type="checkbox"/> I do not know | <input type="checkbox"/> Another racial identity (please specify) _____ |
| <input type="checkbox"/> Prefer not to say | |

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

Your other maternal grandparent

Which of the following best describes how they identify? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Black / African Descent | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White / European Descent |
| <input type="checkbox"/> I do not know | <input type="checkbox"/> Another racial identity (please specify) _____ |
| <input type="checkbox"/> Prefer not to say | |

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

Your paternal grandparent

Which of the following best describes how they identify? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Black / African Descent | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Indigenous (First Nations, Métis, Inuk/Inuit) | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White / European Descent |
| <input type="checkbox"/> I do not know | <input type="checkbox"/> Another racial identity (please specify) _____ |
| <input type="checkbox"/> Prefer not to say | |

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

Your other paternal grandparent

Which of the following best describes how they identify? Check all that apply

- Black / African Descent
- Indigenous (First Nations, Métis, Inuk/Inuit)
- Middle Eastern
- Southeast Asian
- I do not know
- Prefer not to say
- East Asian
- Latino
- South Asian
- White / European Descent
- Another racial identity (please specify) _____

In the space provided below, please indicate the country of origin, the countries your ancestors originated from, Indigenous origins / band and / or any other information about this family member's racial identity you wish to share:

For birth parents only: Use the space below and / or attach an additional page to this request, with information about the other birth parent. This includes information about their physical appearance, their country of birth, their religion, their cultural background, languages spoken, etc. All information that can be recalled is welcome.

Other family information

Complete this section with information about yourself and your family members. All information is welcome.

	How many do you have?	What are their ages?	What are their interests, hobbies, and occupations?
your children (biological, step, adopted, foster, etc.)			
your siblings (biological, step, adopted, foster, etc.)			
your parents (biological, step, adopted, foster, etc.)			
your grandparents (biological, step, adopted, foster, etc.)			
your nephews and/or nieces (biological, step, adopted, foster, etc.)			
your uncles and/or aunts (biological, step, adopted, foster, etc.)			
Other important people (e.g. partner, spouse, other relatives, Elders, godparents, etc.)			

Additional Family Information: Use the space below or attach an additional page to this request, with more detailed information about your family.

6 Declaration

I understand that this request will be collected but will not be in effect until **full proclamation** of *An Act to Open Adoption Records in Nova Scotia*

File a Contact Notice: by signing my name and by checking the box "**File a Contact Notice**" in Section 1 of this form I understand and acknowledge that:

- a) Other persons will be notified of my contact preferences, including if and how I wish to be contacted.
- b) The Disclosure Program will not release my name and other identifying information unless the other person signs an agreement to follow the terms of my Contact Notice.
- c) My identifying information may be released to the other parties. This may include the release of my name to birth siblings, relatives or solicitors if I am named in a will or needed for real-estate matters.
- d) The Disclosure Program cannot guarantee that persons will follow the terms of my Contact Notice.
- e) I may cancel or change my Contact Notice at any time by submitting a request to the Disclosure Program.

Signature: _____ Date (yyyy/mm/dd): _____

Cancel a Contact Notice: by signing my name and by checking the box "**Cancel a Contact Notice**" in Section 1 of this form I understand and acknowledge that other parties including birth siblings and relatives will be able to contact me if they wish.

Signature: _____ Date (yyyy/mm/dd): _____

Replace a Contact Notice: by signing my name and by checking the box "**Replace a Contact Notice**" in Section 1 of this form I understand and acknowledge that the new Contact Notice will replace any previously filed Contact Notices on record.

Signature: _____ Date (yyyy/mm/dd): _____

Representative attestation

I (print name): _____ attest that I am authorized to make this request on behalf of (client's name): _____ and that all the information provided on this form is accurate and complete as far as I know.

Signature: _____ Date (yyyy/mm/dd): _____

7 Checklist

- I have printed my FULL NAME clearly in **Section 2 - page 2**, with no initials or omissions, and I have indicated any previous names in the spaces provided
- I have completed the mandatory section of the form indicated with the asterisk sign ** and I have signed and dated Section 6 - page 15
- I have provided a clear COPY of TWO (2) pieces of valid, government-issued identification, one of which is a photo identification

To contact the Disclosure Program

Call: (902) 424-2755 or 1-833-424-2755

Fax: (902) 424-0779

Email: disclosureprogram@novascotia.ca

Write to/mail:

Department of Community Services

Disclosure Program

2131 Gottingen Street, 3rd Floor

Halifax, Nova Scotia B3K 5Z7

To submit this form, please send via email or mail to the addresses noted above.

Staff Use Only