

“OUR STORIES... OUR STRENGTH”
REQUEST FOR VIDEO/AUDIO RECORDING

I, _____,
NAME

of _____,
ADDRESS

hereby request a copy of the video/audio recording of me telling my story to the Legacy of Hope Foundation under the project “*Our Stories... Our Strength*”.

This recording was made at a storytelling gathering in _____,
CITY/TOWN

_____, on _____.
PROVINCE/TERRITORY DATE

I have attached a copy of a form of photo identification which verifies my identity (such as a driver’s license, status card, passport, etc.).

SIGNATURE

WITNESS SIGNATURE

DATE

WITNESS NAME

Submitted to: Legacy of Hope Foundation
75 Albert Street, Suite 801, Ottawa, Ontario K1P 5E7
T: 613-237-4806 or 1-877-553-7177 • F: 613-237-4442 • info@legacyofhope.ca •
www.legacyofhope.ca