

LETTER OF STANDING CONSENT FOR RELEASE OF INFORMATION

I have made application with _____
for the purpose of _____.

I, therefore, hereby irrevocably authorize and direct CDSBC to provide the:

Name of Organization _____

Address _____

City _____ Province/State _____

Phone _____ Postal Code _____

Email _____ Contact _____

with information with respect to my current standing with CDSBC.

I understand the legal implications and approve your release of this information to the above named organization. I understand that I have the right to seek legal advice prior to signing this form.

Dentist's name – please print _____

Signature of Dentist _____

CDSBC Registration number _____ Signature Date – M/D/Y _____

Address _____ City _____

Province/State _____ Postal Code _____

Email _____

Witness's name – please print _____

Signature of Witness _____

Fees

Letter of Standing _____ C\$75

Once your request has been processed, you will receive an email notification to pay the fee online.

Please submit your completed consent form by e-mail to: registration@cdsbc.org.

MAKE SURE YOU HAVE SIGNED THIS FORM.