

Authorization for release of information from your current regulatory body.

To: _____

RE: Release of Registration Information

I, _____, hereby request that you provide to the **College of Denturists of British Columbia** any information regarding my licensure as a Denturist, including continuing competency, complaints and discipline matters.

Signed this _____ day of _____, 20_____

Print name: _____

Signature: _____