

DENTIST - FORM 1¹
AUTHORISATION FOR RELEASE OF INFORMATION

To: _____
Name of University

To Whom It May Concern

I, _____ with enrolment number _____
(Name of dentist)

give my consent to the _____
(Name of University)

to release my enrolment status from _____ to _____
dd/mm/yyyy dd/mm/yyyy

Singapore Dental Council for the purpose of verification.

Signature

Date