

ORAL HEALTH THERAPIST - FORM 1¹
AUTHORISATION FOR RELEASE OF INFORMATION

To: _____
(Name of Institution)

To Whom It May Concern

I, _____ with enrolment number _____
(Applicant's name)

give my consent to the _____
(Name of Institution)

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

Singapore Dental Council for the purpose of verification.

Signature

Date