

**DENTIST - FORM 2<sup>1</sup>**  
**AUTHORISATION FOR RELEASE OF INFORMATION**

**To:** \_\_\_\_\_  
Name of Licensing Authority

To Whom It May Concern

I, \_\_\_\_\_ with registration number \_\_\_\_\_  
(Name of dentist)

give my consent to the \_\_\_\_\_  
(Name of Licensing Authority)

to release my registration status from \_\_\_\_\_ to \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

Singapore Dental Council for the purpose of verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Formerly known as Form B