



COLLEGE OF ALBERTA
DENTURISTS

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

(Please indicate current regulatory body above)

RE:

**Release of Registration Information, Continuing Competency
Information and Discipline Information**

I, _____, hereby request that you provide to the College of Alberta
Applicant Name (print)

Denturists, any and all information which pertains to my licensure as a Denturist, and any and all information pertaining to my Continuing Competency, and any and all information related to matters of Discipline pertaining to me including ongoing investigations or completed investigations and/or hearings, and finally, any other requested information related to my registration with the

(Please indicate current regulatory body)

Signed this _____ day of _____, 20____.
DD MM

COLLEGE OF ALBERTA
DENTURISTS

Applicant Name (print)

Witness Name (print)

Applicant Signature

Witness Signature