



MANITOBA DENTAL ASSOCIATION

Letter of Standing CONSENT FOR RELEASE OF INFORMATION

I have made application for registration and licensure in order to engage in the practice of dental hygienist in the Province of _____.
I, therefore, hereby irrevocably authorize and direct the Manitoba Dental Association to provide to:

Name of regulatory authority _____

Address _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

with full disclosure of any and all information you may have respecting my professional conduct, competence and capacity including providing a copy of any written information in my file pertaining to these matters and this shall be your full, final and irrevocable authority for so doing.

I have received legal advice as I deemed appropriate prior to signing this consent for you to release information. I understand the legal implications and approve your release of any information the above named regulatory authority requests.

Signature of Applicant: _____

Name of Applicant (please print): _____

MDA ID Number: _____

Date: _____

Please return completed form marked "Confidential" to the Registrar of the MDA.