

## Letter of Standing - Consent for Release of Information For Employment Purpose

I have made an application with \_\_\_\_\_  
for the purpose of \_\_\_\_\_.

I, therefore, hereby irrevocably authorize and direct CDSBC to provide the:

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Phone \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Contact \_\_\_\_\_

with information with respect to my current standing with CDSBC.

I understand the legal implications and approve your release of this information to the above named organization. I understand that I have the right to seek legal advice prior to signing this form.

**Dentist's name** – please print \_\_\_\_\_

**Signature of Dentist** \_\_\_\_\_

CDSBC Registration number \_\_\_\_\_ Signature Date – M/D/Y \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

**Witness's name** – please print \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_

### Fees

**Letter of Standing** \_\_\_\_\_ C\$75

Once your request is ready to be finalized, you will receive an email invoice to pay the fee online.

**Please submit your completed consent form by e-mail to: [registration@cdsbc.org](mailto:registration@cdsbc.org).**

**MAKE SURE YOU AND YOUR WITNESS HAVE SIGNED THIS FORM.**