

Dental Reference Release Form

For Contractors

The Pate Group, Inc.

I voluntarily and knowingly authorize any present or past employer or supervisor; college or University or other Institution of Learning; Administrator; Law Enforcement Agency; State Agency; Local Agency; Finance Bureau/Office; Credit Bureau; Collection Agency; Private Business, such as Insurance Company for verification of malpractice insurance; Military Branch; The National Personnel Records Center; Personal Reference; and or other persons to release my records or other information they may have concerning my Criminal History, Motor Vehicle History, Social Security Number, Earnings History, Character and Employment (Including reasons for termination) or any other information requested, including verification of malpractice insurance, social security, or Federal Identification, member, Florida Dentist license. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability for the furnishing of this information. A photographic or faxed copy of this authorization shall be valid as the original.

_____-_____-_____-_____-_____-_____-
Social Security Number

58_____
Federal ID#

Dentist License #

Print Name

DEA #

Signature of Applicant

Date

Received by _____ for The Pate Group