



**PROFESSIONAL  
LIABILITY  
PROGRAM**

ROYAL COLLEGE OF DENTAL  
SURGEONS OF ONTARIO

A Program of the Royal College of Dental Surgeons of Ontario  
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## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Professional Liability Program (PLP) to release my malpractice protection information to

(Insert name of contact person and organization with postal address and e-mail address  
e.g. Hospital/Public Health Unit/Department of Health/University/Financial Institution).

Member's Signature:

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Member's Full Name:

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RCDSO ID.:

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Date: (YYYY/MM/DD):

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