



Letter of Authorization for Release of Information

I, the undersigned, hereby authorize **Dubai Healthcare City Authority-Regulatory (DHCR)** to:

1. Collect, verify and maintain the information, and copies of records and documents, including but not limited to the information related to my education, employment and other licenses (hereinafter referred to as the "Information") submitted along with my license application form to the DHCR for practicing in Dubai Healthcare City.
2. Directly obtain from third parties and institutions the Information which may contain, without limitation, my grades, dates of attendance, degrees, diplomas, certifications, employment titles, employment tenures, licenses attained, status and issuance place of the licenses, and any other information deemed necessary to conduct the verification of the Information.

I hereby release and discharge:

1. All persons or entities, including schools, colleges, universities, institutions, clinics and hospitals, supplying and disclosing the Information to the DHCR, from any liability arising from such disclosure.
2. DHCR, its employees, officers, directors, agents and representatives, from any liability arising from requesting, collecting, obtaining and disclosing the Information to or from any third parties, and keeping and maintaining the Information in DHCR's possession, for the purposes mentioned in this authorization.

I confirm and acknowledge that a photocopy of this authorization be accepted with the same authority as the original.

I acknowledge that I have read and hereby agree to the collection, use, processing and transfer of Information and data about me.

Signature

Date of Signature

__/__/__ (dd-mmm-yyyy)

Name as in Passport

Passport or National ID Nos.

DHCR/F/HCP/001/01