



ASSOCIATION of CANADIAN
FACULTIES of DENTISTRY



L'ASSOCIATION des FACULTÉS
DENTAIREs du CANADA

RELEASE FORM

I, _____
(Given Name) (Family Name) (ACFD ID number)

request that ACFD return all of the documents that I submitted to apply to participate in the ACFD Eligibility Examination.

I understand that it will take 3 to 4 weeks for the ACFD to process this request, and that the documents required for the NDEB Equivalency Process are NOT the same as the documents that were required for the ACFD Eligibility Examination.

Candidate's Signature: _____ Date: _____

Please confirm your mailing address*:
(ACFD will not forward documents to another organization)

** Documents will be sent by regular mail only.*

This form must be submitted by mail or fax (613-236-8386) to the office of the Association of Canadian Faculties of Dentistry prior to the release of any information.

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