



AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

By signing below, I hereby understand, consent to and authorize the following:

- A.** In connection with my application for employment or to provide services as an independent contractor, I understand that Western Dental Services, Inc. and its designated agents and representatives ("Western Dental") may conduct a verification of my education and degree as part of the process of considering my qualifications and candidacy.

- B.** I hereby authorize any and all administrators, institutions, schools, universities, and/or information service bureaus to release the information, whether in written or oral form, outlined below to Western Dental Services, Inc. I hereby consent to Western Dental releasing personal identifying information about me, in written or oral form, in connection with this verification process, as applicable. I hereby agree to and forever release Western Dental, and each of its employees, officers, agents and representatives, to the fullest extent permitted by law from any and all liability, claims and damages arising under any jurisdiction connected with the release or request of the below information about my education and degree(s). This authorization shall remain effective for 120 days from the date signed below, unless a written revocation is submitted by me to Western Dental Services, Inc. at recruiting@westerndental.com.

I have fully read and understand the above statements and voluntarily give my consent and authorization. A photocopy of this form shall be accepted with the same authority as an original signature.

Print Name: Katherine Pimentel Llaguno-Jingco

Signature: 

Date: 4/11/2023

TO BE COMPLETED BY INSTITUTION, SCHOOL, UNIVERSITY OR INFORMATION SERVICE BUREAU
PLEASE FAX COMPLETED FORM TO WESTERN DENTAL SERVICES, INC. (714) 571-3691

Name of School/University/Institution: _____

Month and Year Applicant's Education began: /

Month and Year Degree(s) was completed: /

Highest Level of Degree(s) Acquired: _____

Name/Title of Person Verifying Information: _____

Signature of Person Verifying Information: _____

Date: /

530 S. Main Street
 Phone: (714) 481-2142

Orange, CA

92868
 Fax (714) 571-3691