



Letter of Authorization

hereby authorize the Health Authority of Abu Dhabi or DataFlow FZ LLC, its authorized affiliates, agents and subsidiaries, acting on its behalf to verify information, documentation and back ground verification presented on my application form including but not limiting to education, employment and licenses.

the Health Authority of Abu Dhabi or DataFlow FZ LLC, its authorized affiliates, agents and subsidiaries.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I further understand and acknowledge that this Information Release Form will remain valid for a period of two years following its completion.

Personal Details:
(in BLOCK letters)

Full Name : _____
(Last / Surname) (First Name) (Middle Name)

Passport / Identity Card Number: _____

Signature

Date (dd/mm/yyyy)