



# WREB

A National Dental and Dental Hygiene Testing Agency

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## DENTAL EXAMINATION HISTORY REQUEST FORM

Date of Request: \_\_\_\_\_

Name at Time of Exam: \_\_\_\_\_ Current Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_/\_\_\_\_\_

Most Recent Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

Was This a "Section Only" Exam? Yes  No

**Requested Information Will Be Sent To The Dental Board of California. Please provide the address below.**

Address: \_\_\_\_\_

Please Send a **Money Order or Cashier's Check Only. NO PERSONAL CHECKS.**

\_\_\_\_\_ Dental Examination History..... \$50.00/request

**Requests can only be made by the person mentioned above. By signing below, you are certifying you are that person:**

\_\_\_\_\_

*If you are a 3<sup>rd</sup> party requesting information about someone's score, you must have them complete this form and sign it, or attach a Release of Information form.*

**Forward this Form and the Appropriate Fee to WREB at the Above Address.**