

Parental Consent/Release Form

There are several opportunities for the recognition and publicity of the student and Glaser Orthodontics. Glaser Orthodontics would like to celebrate the student recipient with a visit to our office for a tour of the operations and take a picture for recognition with Dr. Barry Glaser. The picture may be used in publicity opportunities to support and recognize the student in media press and publications, and/ www.glaserorthodontics.com website announcements.

I give approval for my son/daughter to be photographed for the Glaser Orthodontic Scholarship Program promotional, understanding that the photo may be posted on www.glaserorthodontics.com website for student recognition.

PARENT/ GUARDIAN'S SIGNATURE: _____ Date: _____

I certify that the information in this application is true, complete, and correct to the best of my knowledge. I understand that this information is confidential and subject to verification by Glaser Orthodontics.

STUDENT'S SIGNATURE: _____ Date: _____