

## 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 recipients 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.glaserortho.com](http://www.glaserortho.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.glaserortho.com](http://www.glaserortho.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: \_\_\_\_\_