

Parental Consent/Release Form

There are several opportunities for the recognition and publicity of the student and True Orthodontics, PC. We would like to celebrate the student recipient with a visit to our office for a picture for recognition with Dr. John J. Lupini D.D.S., M.S. The picture will be used in publicity opportunities to support and recognize the student in media press and publications, www.TrueOrthodontics.com website announcements, and social media's.

I give approval for my son/daughter to be photographed for the True Orthodontics, PC Scholarship Program, understanding that the photo will be posted online and in the media press.

PARENT/GUARDIAN'S SIGNATURE: _____ Date: _____

STUDENT'S SIGNATURE: _____ Date: _____