



CASSINELLI, SHANKER & ASSOCIATES
Specialists in Orthodontics and Dentofacial Orthopedics

Consent Form

I, _____ (student) certify that the information in this application is true, complete, and accurate to the best of my knowledge. I understand this information is confidential and subject to verification by Cassinelli, Shanker & Baker Orthodontics.

I, _____ give Cassinelli, Shanker & Associates, permission to use my name and photo for marketing purposes related to the Scholarship Program. If student is under 18, parental consent is required.

Signature of Student: _____

Signature of Parent: _____