



California Dental Hygienists' Association  
The Voice of Dental Hygiene

## AUTHORIZATION FOR VIRTUAL POSTER COMPETITION AND VIDEO/ PHOTO RELEASE FROM

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**STUDENT:**

\_\_\_\_\_  
NAME \_\_\_\_\_  
DENTAL HYGIENE PROGRAM

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE

To the school advisor and directors – By signing this form you are verifying that the student named above is a senior in the dental hygiene program listed above. You are also verifying that they are in good academic standing and they have your permission to participate in the virtual poster session.

**SCHOOL ADVISOR:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE

**SCHOOL DIRECTOR:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE