

Thesis and Dissertation Electronic Publication Form

Student Information Emily	Steiner		YU45098	
First Name	Last Name		UID	
Human Services Psycho	logv		8/2021	
Degree Program 1410 Woodall St.			Graduation Date	
Street Address Baltimore		MD	21230	
City 216-990-0615	emilymsteiner@gma	State il.com	Zip	
Daytime Phone Number	Email Address			
Electronic Distribution Informat Please check only one:			I I D C D' 'i I C II di no	
X I authorize immediate access to	the electronic full text of my work t	hrough ProQu	est and UMBC Digital Collections.	
☐ I request that the UMBC embar through Digital Collections for:	go (restrict) access to the electronic	full text of my	thesis or dissertation	
One (1) year	Six (6) years		Other with explanation*	
	cess to the full text of my work throu	gh UMBC Di	gital Collections	
	This option requires approval by the			
cholarly material identified below i	ement, I grant UMBC a no cost, none in the Digital Collections at University oduce, publicly display, and distribute of alter the content of the material.	ty of Maryland	l Baltimore County, and,	
opyright in any part of the material JMBC. If the material is based on	t owner of the entire copyright in the , I have the written authority from th work that was sponsored or supporte any requirements the sponsor may have ledgement of sponsor support.	e owner of cor d by an agenc	pyright to grant this license to y or entity other than UMBC, I	
Digital Collections and that I have d	the options for making my thesis or iscussed these options with my advis Quest for my work to be included in	sor. I understa	ablicly available through and that I must enter into a	
	08/17	08/17/2020		
Emil Sti				
Signature Signature	Date			
Signature rance of Uncertainty and Protect	Date ctive Parenting in Parents of Chile	dren with Fo	od Allergy and Healthy Children	
Signature rance of Uncertainty and Protect Title of Thesis / Dissertation Lyunda M. Dahl Advisor	ctive Parenting in Parents of Chil	dren with Fo	od Allergy and Healthy Children	