

BIOMETRIC INFORMATION CONSENT

FOR PARENTS/LEGAL GUARDIANS

The undersigned is the parent or and/or has legal custody of _____ [student name] as defined by Section 10-20.12b of the Illinois School Code. By signing below, the undersigned acknowledges that he/she has read and is familiar with the District’s policy concerning the use of student biometric information and hereby consents to the collection and use of such information in accordance with District policy. This consent shall be valid unless and until discontinued by the undersigned, or by the student if the student reaches the age of 18. The undersigned acknowledges his/her right to discontinue this consent by notifying the District in writing of his/her request to discontinue this consent.

BY: _____
Print Name

DATE: _____

Signature

FOR STUDENTS 18 YEARS OF AGE OR OLDER

The undersigned, _____ [student name], is 18 years of age or older. By signing below, the undersigned acknowledges that he/she has read and is familiar with the District’s policy concerning the use of student biometric information and hereby consents to the collection and use of such information in accordance with District policy. This consent shall be valid unless and until discontinued by the undersigned. The undersigned acknowledges his/her right to discontinue this consent by notifying the District in writing of his/her request to discontinue this consent.

BY: _____
Print Name

DATE: _____

Signature

D.O.B. ____ / ____ / ____