

Employee Consent Form for Biometric Data Collection

This **Employee Consent Form** is designed to inform employees regarding the collection, use, and protection of their biometric data by the organization. Please review the information below prior to providing your consent.

1. Purpose of Biometric Data Collection

The collection of biometric data, including but not limited to fingerprint, facial recognition, or iris scans, is intended for the purposes of [state the purposes, e.g., access control, time tracking]. Your data will only be used for legitimate organizational activities as outlined herein.

2. Types of Data Collected

- Fingerprint scans
- Facial recognition data
- Iris scans
- Other biometric identifiers (please specify): _____

3. Data Handling & Security

All collected biometric data will be securely stored and protected against unauthorized access. Only personnel with a legitimate business need will be granted access to your data. The data will not be shared with unauthorized third parties.

4. Retention & Deletion

Biometric data will be retained only as long as necessary for business purposes, or as required by law. Upon termination of employment or withdrawal of consent, your biometric data will be deleted/destroyed within [specify time frame].

5. Employee Rights

- The right to request access to your biometric data
- The right to withdraw consent at any time
- The right to request deletion of your biometric data
- The right to obtain information about how your data is used

6. Contact Information

For questions or concerns, contact:

Email: [contact@email.com]

Phone: [phone number]

Address: [company address]

Consent Statement:

I, _____ (employee name), have read and understood the above information regarding the collection and use of my biometric data. I voluntarily give my consent for the collection, use, and storage of my biometric data by [Company Name] as described in this form.

Signature: _____

Date: _____