

Biometric Data Consent Form

This **biometric data consent form** is designed to ensure the lawful collection and use of students' biometric information at *[School Name]*. Please read the following carefully before providing consent.

1. Purpose of Biometric Data Collection

The school intends to collect and use biometric data (such as fingerprints or facial recognition) for the following purposes:

- Student identification for school meals and attendance
- Library book borrowing
- Security and access control within school premises

2. Data Handling Procedures

- All biometric data will be stored securely and used exclusively for the stated purposes.
- Your/your child's biometric data will not be shared with third parties without explicit consent, except as required by law.
- Data will be retained only for as long as necessary and deleted securely when no longer needed or when the student leaves the school.

3. Rights of Parents and Students

- You may withdraw your consent at any time by contacting the school office in writing.
- You have the right to request access, correction, or deletion of your/your child's biometric data.
- Consent is voluntary. If you do not give consent, alternative identification methods will be provided.

4. Contact Information

For any questions or requests regarding biometric data, please contact:

[Data Protection Officer Name]

[School Address]

[Phone Number / Email Address]

5. Consent Declaration

I, **Parent/Guardian Name:**

give consent for the collection and use of biometric data from my child, **Student Name:**

, attending year/class , at *[School Name]*.

Signature: **Date:**

Note: Schools should adapt this template to meet their specific policy and legal requirements. Ensure compliance with local data protection legislation.