

# Student Information Confidentiality Consent Form

This **Student information confidentiality consent form** ensures that personal data is securely handled and shared only with authorized parties. It establishes clear guidelines for protecting student privacy and obtaining proper consent before disclosing sensitive information. Utilizing this template promotes trust and compliance with data protection regulations in educational settings.

## Student Details

Full Name:

Student ID Number:

Date of Birth:

## Consent Agreement

I hereby consent to the collection, use, and sharing of my (or my child's) personal information by **[Educational Institution Name]** for academic, administrative, and legal purposes. This information will only be shared with authorized personnel or entities as required by law or institutional policy. I understand that my information will be protected in accordance with applicable privacy and data protection regulations.

I have been informed of my rights regarding access to, and correction of, this information and I understand that giving consent is voluntary and may be withdrawn at any time by contacting the institution in writing.

☐ I have read and understood the above information and give my consent for the use and sharing of my personal data as described.

Name of Parent/Guardian (if student is under 18):

Signature:

Date:

Submit