**Consent form for schools/colleges – use of biometric data**

Please sign and date the form below if, having read guidance provided to you by the school [*or college*] you consent to the school [*or college*] taking [and using] information from your child’s [*insert biometric to be used*] as part of an automated biometric recognition system. The information will be used by [*name of the school or college*] for the purpose of [*describe purpose data is to be used for e.g. administration of school library/canteen].*

*In signing this form, you are authorising the school [or college] to use your child’s biometric information for this purpose until they leave the school [or college] or ceases to use the system.*

*[insert name of the child]*

**Name of parent:**

**Signature:**

**Date:**

Please return this form to: [insert suitable delivery point and name of school/college].