

GRAVEN COUNTY SCHOOLS

PARENTAL OPT IN CONSENT FORM FOR BIOMETRIC, BLOOD & DNA

School Year: _____ Student Name: _____

School Name: _____ Grade: _____

If you **DO** want your child to participate in the services below please complete the following:

I **DO** give my consent for _____ (Student Name) for the following below:

Creation, sharing, or storage of a biometric scan of his or her child (examples facial recognition, fingerprint recognition, iris and retina recognition) ***except as authorized pursuant to a court order or otherwise required by law, including G.S. 7B-2102 and G.S. 7B-2201.***

Creation, sharing, or storage of his or her child's blood (examples blood banking and donation) ***except as authorized pursuant to a court order or otherwise required by law, including G.S. 7B-2102 and G.S. 7B-2201.***

Creation, sharing, or storage of his or her child's deoxyribonucleic acid (DNA) (examples DNA kits) ***except as authorized pursuant to a court order or otherwise required by law, including G.S. 7B-2102 and G.S. 7B-2201.***

Parent/Guardian Name (Please Print) _____

Signature: _____ Date: _____

THIS FORM MUST BE RETURNED TO THE DATA MANAGER AT YOUR CHILD'S ASSIGNED SCHOOL AND THIS FORM MUST BE COMPLETED AND RETURNED EACH SCHOOL YEAR IF YOU CONSENT FOR YOUR CHILD TO RECEIVE ANY OF THE SERVICES LISTED IN THIS FORM.